

**A STATE OF CRISIS: EXAMINING THE
URGENT NEED TO PROTECT AND
EXPAND ABORTION RIGHTS AND ACCESS**

HEARING
BEFORE THE
**COMMITTEE ON
OVERSIGHT AND REFORM**
HOUSE OF REPRESENTATIVES
ONE HUNDRED SEVENTEENTH CONGRESS
FIRST SESSION

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A STATE OF CRISIS: EXAMINING THE URGENT NEED TO PROTECT AND EXPAND ABORTION RIGHTS AND ACCESS

Thursday, September 30, 2021

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND REFORM,
Washington, D.C.

The committee met, pursuant to notice, at 10:13 a.m., in room 2154, Rayburn House Office Building, and via Zoom. Hon. Carolyn Maloney [chairwoman of the committee] presiding.

Present: Representatives Maloney, Norton, Connolly, Krishnamoorthi, Raskin, Khanna, Ocasio-Cortez, Tlaib, Porter, Bush, Davis, Wasserman Schultz, Welch, Johnson, Sarbanes, Speier, Kelly, Lawrence, DeSaulnier, Gomez, Pressley, Quigley, Comer, Gosar, Foxx, Hice, Grothman, Cloud, Gibbs, Higgins, Norman, Keller, Biggs, Clyde, Mace, Franklin, LaTurner, Fallon, Herrell, Donalds, Mace, Herrell, LaTurner, Fallon, Clyde, and Franklin.

Also present: Representatives Chu, Lee, Shrier, Escobar, Fletcher, and Cammack.

Chairwoman MALONEY. [Presiding.] The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

Today I am once again convening the Committee on Oversight and Reform to sound the alarm on the grave threat to abortion rights and access in the United States. Nearly two years ago, I called my first hearing as chairwoman of this committee to examine draconian attempts by state governments, including the state of Missouri, to restrict access to abortion care. Since then, the threat to abortion rights has only become more dire. Millions of Americans are now living in a state where they lack meaningful access to abortion care. The right to abortion is rendered meaningless without access.

Most recently, Texas enacted Senate Bill 8, which bans abortion after six weeks of pregnancy before many people even know they are pregnant. This is really a total ban on abortion. The law authorizes private citizens anywhere in the United States to sue anyone who assists a person in getting an abortion after six weeks of pregnancy, and it creates a bounty system that can entitle plaintiffs to a \$10,000 award. Lawsuits have already been filed by people hoping to cash in under this dangerous, harmful law. This

chilling, far-reaching law turns private citizens into vigilantes who can assert control over other people's bodies. If we do nothing, the consequences will not be limited to Texas.

The Supreme Court allowed this unprecedented, dangerous abortion ban to go into effect, and already medical facilities in surrounding states are receiving numerous calls from Texans in urgent need of abortion care. And other states hostile to abortion rights are following the leadership of S.B. 8. In December, the Supreme Court will consider a 15-week abortion ban passed in Missouri. This case, *Dobbs v. Jackson Women's Health Organization*, poses a direct threat to *Roe v. Wade*, making it a very real possibility that the constitutional right to abortion will be overturned in the coming months.

Let me very clear. Access to abortion is a freedom that is essential for Americans' ability to control their own bodies and to decide their own futures. Nearly 1 in 4 women in the United States will have an abortion in their lifetime, but with a hostile Supreme Court, extremist state governments are no longer chipping away at constitutional rights. They are bulldozing right through them. We must take bold action to protect and expand abortion care rights and access.

Last week, the House of Representatives passed Congresswoman Judy Chu's Women's Health Protection Act, which would establish a federally protected right to abortion care for every person in the United States, no matter where they live. I call on the Senate to meet the moment and immediately pass this critical bill, but we cannot stop there. We must also pass Congresswoman Barbara Lee's EACH Act, which would put an end to the harmful funding restrictions of the Hyde Amendment that for too long have pushed abortion care out of reach, particularly for people of color and people with less income. We must ensure access to medication abortion, a process that involves just two types of pills that can be taken at home and are safer than some medications sold over the counter. Despite the thoroughly documented safety of medication abortion, there are still onerous, medically unnecessary restrictions on this type of care.

Last, we must enact democracy reforms that will protect voting rights for all so that the government more accurately reflects the American people. It is completely backward that a majority of Americans support preserving abortion rights, while, at the same time, more and more states are working to block them. We must change that.

Today we have the privilege of hearing directly from our congressional colleagues, who are incredible leaders on issues of reproductive rights and access. Their personal experiences demonstrate why every person must be able to exercise their right to choose abortion, and I am grateful to them for their courage and for coming forward to share their stories. We will also hear from a distinguished panel of patients, providers, advocates, and experts, including the feminist icon, Gloria Steinem.

Now I would like to recognize my colleague on this committee, Congresswoman Ayanna Pressley, for an opening statement. Congresswoman Pressley serves as chair of the Abortion Rights and Access Task Force of the Pro-Choice Caucus, and she is a champion

for equitable abortion access and a kinder, less stigmatizing world for abortion patients. Ms. Pressley, you are now recognized for three minutes.

Ms. PRESSLEY. Thank you, Madam Chairwoman, for convening this critically important hearing today.

Let me make it plain. Abortion care is a constitutional right, and this pro-choice Democratic majority—House, Senate, and White House—can and must do everything possible to protect and guarantee it as such. We find ourselves in the midst of an unprecedented wave of coordinated attacks on our reproductive freedom and bodily autonomy, and Texas' horrendous and extreme S.B. 8 abortion ban underscores the urgency of this moment.

The year, 2021, has been the most devastating for abortion rights in American history. In the midst of an ongoing global pandemic that robbed us of more than 690,000 lives and disproportionately impacted our most vulnerable and black and brown communities, anti-abortion legislators in 47 states focused on legislating hurt and harm to push this critical healthcare out of reach. These misguided bans will not actually prevent all abortions. They simply put safe and necessary abortion care out of reach for our most vulnerable, specifically our lowest-income sisters, our queer, trans, and non-binary siblings, black, Latinx, AAPI, immigrants, disabled, and indigenous folks. And none of this is happenstance. It is precise. Like the roots of the anti-abortion movement, these bans are rooted in patriarchy and white supremacy. They perpetuate cycles of poverty and economic inequality and exacerbate many of our starkest health disparities. Enough.

SCOTUS had the chance to call S.B. 8. for what it is: a blatant violation of the constitutional rights of nearly 7 million Texans of reproductive age. But from voting rights, to housing, to reproductive rights, it is clear the Supreme Court is no longer on the side of justice, nor is it on the side of the people. It is critical that Congress legislate and combat these attacks once and for all. I was proud to see the House take swift action to pass the Women's Health Protection Act last week, legislation that I co-led alongside my friend and colleague, Representative Chu, that finally codify the right to abortion care. We must legislate as if the lives and livelihoods of our most vulnerable constituents depend on it because they do. The Senate and the White House must act swiftly to pass this bill and sign it into law.

It has been 30 days since the Texas law went into effect, and each day that goes by without congressional action, more and more people are denied their constitutional right to critical abortion care. So, Madam Chair, thank you for making this hearing a top priority.

I would like to thank my sisters in service who are joining us here today. Thank you for sharing your stories. Thank you for your vulnerability. Thank you for being unapologetic in your storytelling and standing in your truth. By doing so, you create the space for others to do the same and help us do the work of dispelling the shame and stigma that has clouded abortion for far too long. And while I greatly appreciate your bravery, I also look forward to a day where people no longer have to relive their trauma in order to advance justice.

Thank you to the activists, experts, and providers joining us today. Thank you to our staffs. And for speaking truth to power and ensuring that Congress remains steadfast in our efforts to affirm reproductive rights and justice for all, I am proud to be your partner in this fight. Thank you. I yield.

Chairwoman MALONEY. Thank you. I now recognize the distinguished ranking member, Mr. Comer, for an opening statement.

Mr. COMER. Thank you, Chairwoman Maloney. The question of access to abortion is an issue that has been and should be left to the states, but that is not to say there is not a role for the Federal Government in protecting life. We must continue to prevent taxpayer funding from being used for abortion services as we learn more through modern science about an unborn child's development and ability to feel pain.

Yet here we are having a hearing about a state's abortion law. We are not having a hearing about the border crisis, a humanitarian and national security crisis created by the Biden Administration. We are not having a hearing on the disastrous Afghanistan withdrawal, another humanitarian and national security crisis created by the Biden Administration, a crisis where a terrorist attack has already murdered 13 Marines and many more Afghans with the politically motivated deadly drone strike that killed 10 civilians, including seven children, with many Americans and green card holders left behind, not to mention all of our allies, including women and girls, left to be tortured and murdered by the Taliban regime.

No, we are not having a hearing on those pressing issues. We are not even having a hearing on the economy with rising consumer prices and labor shortages. We are having another hearing on a state law, on an issue over which this committee has absolutely no jurisdiction. We have sent 20 letters to you, Madam Chair, asking for hearings and investigations. We have not had a hearing on a single one of these issues.

Let me throw out some more stats. In 2019, there was a Republican in the White House and Democrats controlled the House. This committee, the Oversight Committee, held almost 80 hearings with almost 80 Administration witnesses. So far this year, with only a few weeks left, less than half as many hearings and less than a third as many Administration witnesses. And in 2017, when there was a Republican in the White House and Republicans running this House and this committee, this committee, the Oversight Committee, held almost 70 hearings with 112 Administration witnesses. One hundred and twelve. So the Republicans took oversight seriously even when there was a Republican President. But with President Biden in the White House, oversight is off the agenda. Apparently we cannot be bothered with it.

This is the U.S. House of Representatives. We are a part of Congress, a separate branch of government. We are not in the executive branch. It is our constitutional obligation to be conducting oversight over the executive branch. Rather than do anything remotely close, we are sprinting away from it to the detriment of our institution, to the detriment of the American people.

Now, I yield the remainder of my time to Congresswoman Foxx.

Ms. FOXX. I thank Ranking Member Comer for yielding. Those of us on our side of the dais see this as a very solemn day. It appears that the purpose of this hearing is to normalize the destruction of unborn babies, which is called abortion. Let me say at the outset that I feel profound sorrow for any woman who believes that she must destroy her unborn child, and I certainly extend that to our colleagues here today. Instead of glorifying this awful act of desperation, we ought to grieve for the tens of millions of Americans who never had a chance to take their first breath, to see their mother's face, or even to cry for help.

Children in the womb are people. They are our sons, daughters, future teachers, future Members of Congress. They are innocent lives who do not deserve death. I refuse to normalize abortion and reject its very premise that the sacrifice of an innocent life that cannot speak for itself is justified in any way. We live in a society that mistakes choice for liberty and denies the dignity of unborn life, but the beauty of living in a free country is that we can use our liberty for love. We must put love into action every day, affirming the value of life at all stages, no matter the difficulties it presents.

Striving to love daily is not easy, yet it is the greatest exercise of our freedom, and there is no life unworthy of that love. Those who are attempting to normalize the destruction of the innocent unborn do so through language that denies what they are doing. Today we will hear many terrible euphemisms—we have already heard them—for the slaughter of children. Allow me to define some of the terms. Women's health: abortion or destruction of innocent unborn babies. And how can this be true when half the babies aborted are female? Reproductive freedom: the ability to murder a child out of convenience. Abortion rights: robbing another of life. Pro-choice: destroying innocent life.

It is important that we not allow these terms to obscure what is happening to millions of unborn babies. It is becoming a common refrain for many women to say that "I wouldn't be the person I am today if I had not had an abortion." Well, I can tell you that Representative Kat Cammack literally would not be the woman she is today because of abortion. She would not be with us, and those of you who promote abortion would not be with us if your mothers had had an abortion. We should grieve for the millions of children whose lives were ended because they were not wanted.

Whether a pregnancy is planned or unplanned or even the result of horrific circumstances, ending that child's life with an abortion to empower or protect the "freedom" of the mother is not an answer. Abortion only compounds the sorrow. How can any woman say that her life is better because of abortion? Who is anyone to say that? Has she looked into the future and seen all the possible arcs of her life? Has she seen the future of her unborn child's life and all the possibilities that life held? Has she determined that her child's life is not worth living?

Abortion is not prideful. It is not a form of empowerment. Motherhood is empowerment. Only women have the ability to bring life into the world. Abortion is robbing a woman of motherhood and robbing a human being of God's most precious gift: life. Life is the most fundamental of all rights. It is sacred and God given, but tens

of millions of babies have been robbed of that right in this, the freest country in the world. This is a tragedy beyond words and a betrayal of what we as Nation stand for. Before liberty, equality, free speech, freedom of conscience, the pursuit of happiness, and justice for all, there has to be life, and yet for millions of aborted infants, many pain capable and many discriminated against because of gender or disability, life is exactly what they have been denied. And an affront to life for some is an affront to life for every one of us.

One day we hope it will be different. We hope life will cease to be valued on a sliding scale. We hope the era of elective abortions ushered in by an unelected Court will be closed and collectively deemed one of the darkest chapters of American history, but until that day, it remains a solemn duty to stand up for life. Regardless of the length of this journey, we will continue to speak for those who cannot, and we will continue to pray to the One who can change the hearts of those in desperation and those in power who equally hold the lives of the innocent in their hands. May we, in love, defend the unborn. May we, in humility, confront this national sin. And may we mourn at what abortion reveals about the conscience of our Nation.

I yield back.

Chairwoman MALONEY. The gentlelady yields back. I would just like to respond, thank them for their testimony and respond to the distinguished Republican minority leader on the committee, that at his request and others of this committee, we held a classified briefing last week on Afghanistan with numerous Administration officials addressing some of the questions that he brought up today.

But today, we have two panels, and our first panel is a member panel, so I would like to introduce them first. First we have Congresswoman Cori Bush from the 1st District of Missouri, who is a valued member of this committee and is a member of the freshman class and a Democratic leader in it. Second, we have Congresswoman Pramila Jayapal from the 7th District of Washington, who is chair of the congressional Progressive Caucus. Then we will hear from Congresswoman Kat Cammack from the 3d District of Florida, who is a leader in the freshman class of Republicans. Next, we have Congresswoman Barbara Lee from the 13th District of California, who is the co-chair of the congressional Pro-Choice Caucus. Last but not least, we will hear from Congresswoman Judy Chu from the 27th District of California, who is the lead sponsor of the Women's Health Protection Act, which was passed by the House of Representatives last week.

Without objection, your written statements will be part of the record, and I will note that there will be meetings and demonstrations across this country on the same subject, women telling their stories. I want to thank you for your courage and for coming to testify today.

With that, Congresswoman Bush, you are now recognized for your testimony.

**STATEMENT OF HON. CORI BUSH, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF MISSOURI**

Ms. BUSH. St. Louis and I thank you, Chairwoman Maloney, for convening this urgent hearing. It is an honor to join Congresswomen Lee, Jayapal, and Chu as part of today's panel, and I also want to thank my sister, Congresswoman Pressley, for her leadership in this hearing, and to my sisters in service for being here with me today, and brother.

In the summer of 1994, I was a young girl all of 17 years old and had just graduated high school. Like so many black girls during that time, I was obsessed with fashion and gold jewelry and how I physically showed up in the world, but I was also very lost. For all of my life, I had been a straight-A student with dreams of attending college and becoming a nurse, but high school, early on, was difficult for me. I was discriminated against, bullied, and as time passed, my grades slipped and, along with it, the dream of attaining a full scholarship to a historically black college. That summer, I was just happy that I passed my classes and that I finished high school.

Shortly after graduating, I went on a church trip to Jackson, Mississippi. I had many friends on that trip, and while there, I met a boy, a friend of a friend. He was a little older than I was, about maybe 20 years old. That first day we met, we flirted. We talked on the phone. While on the phone, he asked me could he come over to my room. I was bunking with a friend and hanging out and said he could stop by, but he didn't show up for a few hours, and by the time he did, it was so late that my friend and I had gone to bed. I answered the door and quietly told him he could come in, imagining that we would talk and laugh like we had done over the phone. But the next thing I knew, he was on top of me, messing with my clothes, and not saying anything at all. What is happening, I thought. I didn't know what to do. I was frozen in shock just laying there as his weight pressed down upon me. When he was done, he got up, he pulled up his pants, and without a word, he left. That was it. I was confused. I was embarrassed. I was ashamed. I asked myself, was it something that I had done? The next morning, I wanted to talk to him. I just wanted to say something to him, but he refused to talk to me. By the time that trip ended, we still hadn't spoken at all.

About a month after the trip, I turned 18. A few weeks later, I realized I had missed my period. I reached out to a friend and asked the guy from the church trip to contact me. I waited for him to reach out, but he never did. I never heard from him. I was 18, I was broke, and I felt so alone. I blamed myself for what had happened to me, but I knew I had options. I had known other girls who had gone to a local clinic to get birth control and some who had gotten abortions, so I looked through the yellow pages and scheduled an appointment.

During my first visit, I found out that I was nine weeks pregnant, and then and there the panic set in. How could I make this pregnancy work? How could I, at 18 years old and barely scraping by, support a child on my own? And I would've been on my own. I was stressed out knowing that the father wouldn't be involved, and I feared my parents would kick me out of the home. The best

parents in the world, but I feared they would kick me out. My dad was a proud father and was always bragging about his little girl and how he knew I would go straight to college and become attorney general. That was his goal for me. So with no scholarship intact and college out of the foreseeable future, I couldn't bear the thought of disappointing my dad again. I knew it was a decision I had to make for myself, so I did.

My abortion happened on a Saturday. There were a few other people in the clinic waiting room, including one other young black girl. I overheard the clinic staff talking about her saying she had ruined her life and "That's what they do," "they" being black girls like us. Before the procedure, I remember going in for counseling and being told that if I move forward with this pregnancy, my baby would be jacked up because the fetus was already malnourished and underweight, being told that if I had this baby, I would wind up on food stamps and welfare. I was being talked to like trash and it worsened my shame. Afterwards, while in the changing area, I heard some girls, all white, talking about how they were told how bright their futures were, how loved their babies would be if they were adopted, and that their options and their opportunities were limitless.

In that moment, listening to those girls, I felt anguish. I felt like I had failed. I went home. My body ached, and I had this heavy bleeding. I felt so sick. I felt dizzy, nauseous. I felt like something was missing. I felt alone, but I also felt so resolved in my decision. Choosing to have an abortion was the hardest decision I had ever made, but at 18 years old, I knew it was the right decision for me. It was freeing knowing I had options. Even still, it took a long for me to feel like me again until most recently when I decided to give this speech.

So to all the black women and girls who have had abortions and will have abortions, we have nothing to be ashamed of. We live in a society that has failed to legislate love and justice for us. So we deserve better. We demand better. We are worthy of better, so that's why I'm here to tell my story. So today, I sit before you as that nurse, as that pastor—as that pastor—as that activist, that survivor, that single mom, that Congresswoman to testify that in the summer of 1994, I was raped, I became pregnant, and I chose to have an abortion.

I yield.

Chairwoman MALONEY. Thank you. Congresswoman Jayapal, you are now recognized for your testimony.

**STATEMENT OF HON. PRAMILA JAYAPAL, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF WASHINGTON**

Ms. JAYAPAL. Chairwoman Maloney and Ranking Member Comer, thank you for inviting me to speak today. I speak to you as one of the 1 in 4 women in America who have had an abortion. And for you to understand how I ultimately decided to have an abortion, I have to start earlier with the birth of my first child, Janak.

Janak was born at 26-and-a-half weeks while I was on a two-year fellowship living in India. They weighed only 1 pound, 14 ounces, and upon birth, went down to a weight of just 21 ounces.

Janak was so small, they fit in the palm of my hand, the size of a medium-sized squash. For three months, we did not know if Janak would live or die. They needed multiple blood transfusions, had to be fed drop by drop, and constantly had their heart stop and start. We returned to the United States after three months. In those early intensely difficult years, Janak had hydrocephalus—water on the brain—seizures, and repeatedly returned to the emergency room because of life-threatening pneumonia. The fact that Janak is a 25-year-old beautiful human being is a true miracle and the greatest gift in my life.

At the same time that Janak was born, I was also fighting to keep my legal permanent residence status, married to a U.S. citizen with a U.S. citizen child now. In the end, I was able to return to the United States with Janak, provided that I started from scratch to qualify for citizenship. As a new mom taking care of a very sick baby and recovering from major surgery myself, I was struggling. I experienced severe postpartum depression and post-traumatic stress disorder that was only diagnosed after I contemplated suicide and realized I needed to seek help.

My marriage did not survive. We split custody of Janak, and I was a part-time single parent. Shortly after, I met a wonderful man who is my husband today. I knew I was not ready to have another child, so I religiously took my daily contraceptive pill. Despite that, I became pregnant. I consulted with my doctors who told me that any future pregnancy would likely also be high risk to me and the child, similar to what I had gone through with Janak. I very much wanted to have more children, but I simply could not imagine going through that again. After discussions with my partner, who was completely supportive of whatever choice I made, I decided to have an abortion. Two decades later, I think about those moments on the table in the doctor's office, a doctor who was kind and compassionate and skilled, performing abortions in a state that recognizes a person's constitutional right to make their choices about their reproductive care. For me, terminating my pregnancy was not an easy choice, the most difficult I've made in my life, but it was my choice, and that is what must be preserved for every pregnant person.

Until 2019, I never spoke publicly or privately about my abortion. In fact, I did not even tell my mother about it. Some of it was because as an immigrant from a culture that deeply values children, and in an American society that still stigmatizes abortion, suicide, and mental health needs, I felt shame that I never should have felt. Two years ago, I decided to tell my story as a Member of Congress because I was so deeply concerned about the abortion ban legislation that was coming out from states across the country.

Today, I am testifying before you because I want you to know that there are so many different situations that people face in making these choices. Whether the choice to have an abortion is easy or hard, whether there are traumatic situations or not, none of that should be the issue. It is simply nobody's business what choices we as pregnant people make about our own bodies. And let me clear. I would never tell people who don't choose to have an abortion that they should do so, nor should they tell me that I shouldn't. This is a constitutionally protected, intensely personal choice.

I did not suffer the economic issues that so many poor and black and brown and Latinx people suffer. I did not suffer from living in a state that does not allow pregnant people to make these choices. And unlike one of my colleagues who is testifying today, I had the privilege of experiencing the world in a post-Roe *v.* Wade time where abortion was established as a constitutional right. Because of the cruel Texas abortion ban and the other state abortion bans currently being litigated by those unaffected by the outcome, many people may not have the same choice as I did. That is unacceptable. Abortion bans are not just a political issue. They do real harm to people across the country and in our most vulnerable communities.

I am so proud today to be testifying alongside fellow women of color, Members of Congress, about the need to protect our right to control our bodies. It is time to make the Women's Health Protection Act law, to repeal the Hyde Amendment, and to remove the stigma around abortion care and reproductive health choices. I thank you for the time, and I yield back.

Chairwoman MALONEY. Thank you very much. I now recognize Congresswoman Cammack. You are now recognized for your testimony.

**STATEMENT OF HON. KAT CAMMACK, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF FLORIDA**

Mrs. CAMMACK. Thank you, Madam Chairwoman. Good morning and thank you for having me here today on this panel. Thank you to Ranking Member Comer. I appreciate everything that you all do here.

Distinguished members of this committee, I am pleased to be with you this morning, though I wish my testimony came here under better circumstances. Right now, our country is facing a number of crises that House Democrats have been loath to acknowledge or make progress toward fixing: the crisis in Afghanistan, Americans still stranded, border crisis with record crossings, and a humanitarian public health disaster unfolding on a daily basis. Now we are looking at stripping one of the longest provisions in U.S. history, the Hyde Amendment. Meanwhile, the majority members of this committee, who have direct oversight over the very issues I just mentioned, have chosen to spend valuable time glorifying and normalizing abortion instead of doing what this committee should: properly overseeing the very crises that my colleagues and I have been raising alarm bells about for months.

However, today I want to speak to you about a very personal aspect of my own story that propels me each and every single day in this body. As I said last week on the House floor and while defending life dozens of times prior, I was not supposed to be here. I would not be here had it not been for the very brave choice that my mother made 33 years ago. See, when my mom was pregnant with my sister at age 27, a single mom, she suffered a devastating stroke. It took her a year-and-a-half to learn how to walk again, basic motor skills, and to this day still struggles. Miraculously, she was able to deliver a healthy baby girl, and many years later when she was pregnant with me, she found, through the advice of her

doctors, that, no, it was highly unlikely, if not impossible, for not only her to survive, but me as well.

So you can imagine the fear, the disappointment, the struggle, the internal anguish that my mother felt as doctors told her that she needed to abort her child. You can imagine the pain that she felt when her own family told her that she needed to abort her child, but because of her strength, she chose life. That wasn't an easy decision for a single mom, for a working-class mom, someone herself who had lived a life of disappointments, of struggle, addiction, and yet, despite everything, she chose life.

She did something that many of my colleagues here could've done. Every woman's story is different. Every woman's story is different, and these decisions do not come easy. But I am grateful every single day that there were resources available for my mom because in that moment she chose life, and those resources were available to her as a single mom. My mom survived. I survived, and I am a living, breathing witness of the power of life and the incredible choice that my own mother made, and I get emotional about it. I think this issue, everyone gets emotional about, and knowing that you were never supposed to survive, it gives you a new perspective about life. For that and my mother's choice, I am incredibly grateful.

There are millions of women out there, like my mom, who made the same decision that she did. With her decision, we were able to go as the daughter of a single mother, from homeless to the House of Representatives. That is only possible in America, and that is only possible in an America that values life because we were built on the premise of life, liberty, and the pursuit of happiness. It begins with life, and I know there has been a lot of talk about justice here today. What about the justice for those unborn, all the little girls that never had a shot? Where was their choice? It is because this body is saying that they don't get a choice. They don't get a shot at life, and that is why we are here today, as defenders and warriors of the unborn, want to make sure that every little boy and every little girl has a shot to achieve the American Dream, that same American Dream that has allowed me to be here speaking to you today.

Thank you, Madam Chairwoman, for allowing me to share my story, my mother's story here today. Thank you to all my colleagues. And to anyone watching who may one day may be faced with this decision, and I pray they choose life.

Chairwoman MALONEY. Thank you. Congresswoman Lee, you are now recognized for your testimony.

**STATEMENT OF HON. BARBARA LEE, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF CALIFORNIA**

Ms. LEE. Thank you very much. Thank you, Chairwoman Maloney, and members, and my colleagues for having this very important hearing and for inviting me to join this panel. As co-chair of the Pro-Choice Caucus, as a black woman, a woman born in Texas, these state-level abortion bans, like Texas S.B. 8, are deadly. I know what this means for black people, and brown people, and people with low incomes.

Today I share for the first time publicly a very difficult personal story, hoping that it will help de-stigmatize accessing abortion care. I am sharing my story, even though I truly believe it is personal and really nobody's business, and certainly not the business of politicians. But I am compelled to speak out because of the real risks of the clock being turned back to those days before *Roe v. Wade*, to the days when I was a teenager and had a back-alley abortion in Mexico.

I was raised in El Paso, Texas and attended Catholic school, so, of course, growing up, sex education was nonexistent. Adolescent, sexual, and reproductive health were not discussed in a meaningful way, and because of that, I honestly wasn't sure how you got pregnant. Most of what I learned about sex and relationships was from pages of magazines and hearsay from my peers. I lived in a loving, extended family household with my wonderful parents and grandparents who wanted me to make straight A's, practice the piano day and night, and, of course, stay away from boys.

Now, after grammar school, we moved to California, and later when I just turned 16, I missed my period. I was confused, afraid, and unsure, not knowing if I was pregnant or not. I didn't know what to do. Now, in those days—mind you, this is in the mid-1960's—women and girls were told if you didn't have a period, you should take quinine pills, sit in a tub of water, or use a coat hanger if nothing else worked. My mother noticed I became introverted and very quiet, so she asked me what was going on with me. At that point, I told her everything. I told her that I maybe, maybe not could be pregnant. She responded with love. She was supportive and sympathetic and took me to the doctor who confirmed I was pregnant.

Now, my mother asked me if I wanted to get an abortion. She didn't demand or force me but understood that this was my personal decision and a choice that I needed to make, and she would support me regardless. Now mind you, I was the first black cheerleader in my high school, got very good grades, was active in my church, and a member of the Honor Society, and an accomplished pianist. In fact, I won two music scholarships. So I felt embarrassed and thought if anyone found out, my life would be destroyed.

It was so important for me to have someone I trusted to help me with this decision, so once I made this decision prayerfully, one of my mother's best friends in El Paso helped me access the abortion I could not get in California. When my mother told her what was going on, she told my mother to send me to her in El Paso because she knew of a good, competent, and compassionate doctor, yes, who had a back-alley clinic in Mexico. She was kind and loving and took me to Mexico to have a DNC abortion procedure. Remember, I had just turned 16.

Now, I was one of the lucky ones, Madam Chair. A lot of girls and women in my generation didn't make it. They died from unsafe abortions. In the 1960's, unsafe septic abortions were the primary killer—primary killer—of African American women. My personal experience shaped my beliefs to fight for people's reproductive freedom. And when I was elected to the California Legislature, one of the first bills I authored and was signed into law was to enhance

penalties on people who were blocking access to abortion clinics for those seeking care. It also shaped much of my work in Congress. My lack of sexual education was why I authored H.R. 3312, the Real Education and Access to Healthy Youth Act, which provides comprehensive sex ed to young people in schools, which I hope all of you will co-sponsor.

Now, in 1973, *Roe v. Wade* was decided in the Supreme Court, which affirmed the right to an abortion. Shortly after *Roe*, I was a congressional staffer for the late, our beloved Congressman Ron Dellums. Henry Hyde introduced the Hyde Amendment blocking insurance coverage for abortion for low-income and poor people. And he said, "I certainly would like to prevent, if I could legally, anybody having an abortion—a rich woman, a middle-class woman, or a poor woman," and then he went on to say, "Unfortunately, the only vehicle available is the Medicaid bill." The Hyde Amendment, from its inception, was racist and discriminatory and aimed at people with low incomes and people of color. And so I am proud to be the lead co-sponsor of the EACH Act.

This year for the first time, we fought hard to remove the Hyde Amendment from the 2022 House appropriations bill. Now, today, on the 45th anniversary of the Hyde Amendment's passage, I think about people like Rosie Jimenez, a Latina who died because the Hyde Amendment denied her the ability to have a safe abortion because her insurance would not cover it. This is why I share my story with all of you today. I have two wonderful sons, five grandchildren. I don't want them or anyone to experience a world without access to the full range of reproductive services, including abortions. I want them and every person to be able to make their own decisions about their bodies and their lives.

Last week, I was proud to have voted for the Women's Health Protection Act led by our brilliant colleague, Congresswoman Judy Chu, but we can't stop there. We continue to witness states attempting to take us back to the days I know so well. We cannot and will not return to those days before *Roe*, and we will be watching the Supreme Court decisions.

Yes, members, this is my story, as hard as it is to talk about it. I hope that regardless of your personal views, it will help you understand, understand that people deserve a right to make their own reproductive decisions about their lives, their bodies, and their futures. Thank you, and I yield back.

Chairwoman MALONEY. Thank you. Thank you very much. Congresswoman Chu, you are now recognized for your testimony. Congresswoman Chu.

STATEMENT OF HON. JUDY CHU, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Ms. CHU. Chair Maloney, Ranking Member Comer, and members of the committee, I want to thank you for holding today's important hearing in which we've heard so many moving stories. I'm here to talk about the hardship faced by individuals who cannot access the full range of reproductive health options due to burdensome state laws and how we can help, thanks to my bill that passed the House last week, H.R. 3755, the Women's Health Protection Act.

Everyone deserves equal access to comprehensive and safe reproductive healthcare, no matter where they live, free from political interference. But anti-abortion extremists have been working ever since the passage of *Roe v. Wade* to put abortion services out of reach for as many Americans as possible. Texas' S.B. 8 is just the latest example. The Texas law is egregious and downright chilling. It deputizes vigilantes to harass anyone helping someone obtain an abortion, from a doctor to clinic staff to an Uber driver. And it prohibits abortions at six weeks, before most even know that they are pregnant.

But it is not an outlier. Since 2011, anti-abortion extremists have introduced nearly 500 of these restrictive state laws. For instance, they've had mandatory ultrasounds, waiting periods, or funerals for fetuses, all meant to shame people who access abortion care, while needless requirements, like wider doors or hospital admitting privileges, are meant to make it harder for a doctor to be able to practice medicine, forcing them to close their doors or turn away patients. None of these restrictions make abortion care safer, and instead impose an undue hardship on those seeking an abortion.

This is a coordinated nationwide strategy to eliminate abortion access and provide an opportunity to overturn or undermine *Roe*. In 2019 alone, 18 states passed 46 laws restricting or banning abortion, including Georgia, Kentucky, Mississippi, Louisiana, Ohio, and Alabama. The result is that abortion access is often determined by an individual's zip code. Nearly 90 percent of American counties are without a single abortion provider, and six states are down to their last abortion clinic. No constitutional right should be contingent on where you live.

My bill, the Women's Health Protection Act, will put a stop to these state-based attacks and enshrine the protections of *Roe* into law by ensuring that providers have the right to provide and patients have the right to receive abortions free of medically unnecessary restrictions. The Women's Health Protection Act will ensure that no matter where someone lives, no matter their zip code, abortion access is a right for all.

Weakening or overturning *Roe* poses a threat to our fundamental rights to make a personal decision beyond abortion, including who to have intimate relationships with, who to marry, and whether to use contraception. That's why I'm so proud that last week the House took the historic step of passing the legislation, and, in fact, it was the first affirmative abortion rights vote in nearly 25 years. And it shows the American people that we will not abandon them.

The Supreme Court has announced its intention to hear *Jackson Women's Health Organization v. Dobbs*, a case that directly challenges *Roe v. Wade*, this December. The Mississippi ban threatens abortion providers with severe penalties for providing abortion after 15 weeks of pregnancy. It defies nearly 50 years of Supreme Court precedent going back to *Roe* that recognizes that the Constitution guarantees each person the right to decide whether to continue a pregnancy. There is no path for the Supreme Court to uphold Mississippi's ban without overturning *Roe*'s core holding that every pregnant person has the right to decide whether to continue their pregnancy prior to viability.

Abortion restrictions are part of the intertwined systems of oppression that deny black, indigenous, and people of color their constitutional rights. The people most hurt by these restrictions are those who already face barriers to healthcare. I am pleased to say that Senate Majority Leader Schumer has announced his intention to bring WHPA to the Senate floor for a vote so we can ensure that regardless of what happens at the Supreme Court, women are free to make decisions about their lives and bodies in consultation with their families and their physicians, not politicians.

Thank you.

Chairwoman MALONEY. I thank all of you for your extremely powerful testimony and for sharing your stories. There will be demonstrations across the country this weekend where women, following your leadership, will share their stories. I am grateful for your being here today and for your dedication to helping other people.

The panel is now excused, and we will pause for a moment while we get the second panel ready.

[Pause.]

Chairwoman MALONEY. Now I would like to introduce our second panel of witnesses.

Our first witness today is Gloria Steinem, who is a longtime feminist who has dedicated her life to protecting women's rights. She brings a unique perspective having worked for Voters for Choice and advocated for the right to an abortion even before the *Roe v. Wade* decision. Then we will hear from Melissa Murray who is a professor of law at New York University. Next we will hear from Dr. Isabel Skop, who is a Texas-based OB/GYN. Next we will hear from Loretta Ross who is the co-founder of the Reproductive Justice Movement and is an associate professor of the study of women and gender at Smith College. Next we will hear from Dr. Ghazaleh Moayedi, who is also a Texas-based OB/GYN and is a board member of Physicians for Reproductive Health. Finally, we will hear from Maleeha Aziz, who is a community organizer with the Texas Equal Access Fund.

The witnesses will be unmuted so that we can swear them in. Please raise your right hands.

Do you swear or affirm the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[A chorus of ayes.]

Chairwoman MALONEY. Let the record show that the witnesses answered in the affirmative. Thank you.

And without objection, your written statements will be made part of the record.

And with that, Ms. Gloria Steinem, you are now recognized for your testimony.

STATEMENT OF GLORIA STEINEM, FEMINIST AND SOCIAL ACTIVIST

Ms. STEINEM. Thank you so much for inviting me to be here today. I accepted this invitation because I bet I'm one of the few people old enough to remember how bad it was when abortion was illegal. That's why what is happening in Texas is not only a local

issue or a women's issue. It is a step against democracy which allows us to control our own bodies and our own voices. Remember when Hitler was elected, and he was elected, his very first official act was to padlock the family planning clinics and declare abortion a crime against the state. Mussolini did exactly the same thing because they knew that controlling reproduction and nationalizing women's bodies is the first step in an all-controlling state.

The huge majority of American women stand for democracy and in opposition to Texas Senate Bill 8. We do not want to have our bodies nationalized. Otherwise, we will be very close to turning back the clock to the days of the 1950's when 1 in 3 women had an illegal and a dangerous abortion. What were those days like? Well, you know, I was there, and I can tell you, as many older women can, they were filled with danger for women and guilt for both women and men. It was a time when 1 in 3 or 4 needed an abortion at some time in their lives, and so they had to enter into a criminal underground without even the most basic medical safeguards or protection from sexual exploitation by the doctors themselves.

In the 1950's, I lived this situation which was also true in England. I was working as a waitress in London on my way to India. I had left an engagement to a very nice man here at home, who we both knew, I think, that marriage would not be the right thing for us, and I was awaiting a visa for that trip to India. That fellowship was to be my bridge to a different life, yet I also had realized that I was pregnant. After what seemed to be an eternity of confusion and fear, I found a very kind and brave English doctor who was willing to help me by using a loophole in the law that allowed an abortion if he signed a statement saying that pregnancy was dangerous to my physical or mental health. And he said, but you must promise me two things: you must never tell anyone my name, and you must do what you want to do with your life. I'm sure that man is no longer with us and has not been for many years, yet I am grateful to him to this day and I dedicated a book to him.

Now, in this country, so many want to declare a fertilized egg to be a legal person, thus not only criminalizing abortion but nationalizing women's bodies throughout our childbearing years by establishing a direct relationship between the government and a fertilized egg. Indeed, the laws already in existence deprive poor women who must depend on the government for healthcare, young women without parental or judicial permission, and even women in the U.S. military, all deprived of the reproductive rights available to other women. Many of them are already the victims of illegal and unsafe abortions that have become their only recourse.

In the 1950's, the fact that I could be helped was all that was significant. I could not have had the same safe and legal abortion if I had stayed in the United States, where draconian anti-abortion laws, like those now threatened again, were causing even more deaths than in England. Even so, I could afford to find a way out as most women could not.

What would a return to the dark days of U.S. history mean? I remember women who died from septic abortions. I remember children who were left motherless by women who simply wanted to have no more children than they could afford to care for. Already

the anti-abortion right wing has created such martyrs as Rosie Jimenez who died in 1977, the first of many women to be killed by the Hyde Amendment that denies Medicaid funding for abortion, or Becky Bell who died in 1988, the first of many young women to be killed by the parental consent laws that caused her to seek an illegal abortion rather than disappoint a loving family.

Standing up for reproductive justice in Texas is not only standing up for women. It is very simply standing up for democracy. Without decision-making power over our own bodies, there is no democracy. We cannot, we must not nationalize woman's bodies. We must let each woman make this decision for herself. Thank you.

Chairwoman MALONEY. Thank you. Professor Murray, you are now recognized for your testimony. Professor Murray.

STATEMENT OF MELISSA MURRAY, PROFESSOR OF LAW, NEW YORK UNIVERSITY SCHOOL OF LAW

Ms. MURRAY. Thank you, Chairwoman Maloney and Ranking Member Comer. I appreciate the opportunity to appear before you in these hearings on the state of crisis in abortion access in our country. My name is Melissa Murray. I am the Frederick I. and Grace Stokes professor of law at New York University School of Law, where I teach constitutional law, family law, and reproductive rights and justice and serve as the faculty director of the Birnbaum Women's Leadership Network. Prior to my appointment at NYU, I was the Alexander F. and May Treat Morrison professor of law at the University of California, Berkeley, where I taught for 12 years and served as a faculty director of the Berkeley Center on Reproductive Rights and Justice, and as the interim dean of the law school.

In 1973, in *Roe v. Wade*, the U.S. Supreme Court recognized that the Fourteenth Amendment's guarantee of liberty protects a woman's right to determine whether to bear or beget a child. Since then, the Supreme Court has consistently affirmed the right to abortion as an essential aspect of the Constitution's guarantees of liberty and equality. In so doing, the Court has made clear that states may not ban abortion before viability or restrict abortion in ways that are unduly burdensome. More precisely, states may not enact legislation that has the purpose or effect of placing a substantial obstacle in the path of a person seeking an abortion.

Still, despite these longstanding precedents, state legislatures have continued to test the Constitution's limits by enacting increasingly restrictive abortion laws. In the previous decade, the anti-abortion movement sought to legislate abortion out of existence through piecemeal attacks. The goal was to gut the undue burden standard so that the right was essentially meaningless. However, changes in the composition of the U.S. Supreme Court and the lower Federal Courts have emboldened state legislatures to pursue an even more aggressive and extreme agenda, flouting the limits that the Supreme Court has consistently recognized.

Those responsible for those laws have made their intentions clear. No longer content to chip away at the abortion right through piecemeal legislation, these more recent laws are an obvious provocation designed to relitigate and ultimately overturn *Roe v. Wade*, and now they have their chance and they are fully embracing it.

In December, the Supreme Court will hear *Dobbs v. Jackson Women's Health Organization*, a challenge to Mississippi H.B. 1510, which bans abortion after 15 weeks, in defiance of longstanding constitutional precedent that prohibits states from banning abortions before viability. In its brief before the Court, Mississippi not only entreats the Court to uphold its unconstitutional ban. It also explicitly invites the Court to overturn *Roe v. Wade* and *Planned Parenthood v. Casey*.

The Supreme Court's recent treatment of a petition involving S.B. 8, Texas' flagrantly unconstitutional abortion law, suggests that the Court may well be amenable to this prospect. Noting the law's procedural irregularities, five justices set aside nearly five decades' worth of precedent, allowing S.B. 8's six-week ban to take effect and effectively overturn the legal right to abortion in Texas. Today marks the 30th day that people in Texas have woken up with fewer constitutional rights than the rest of the country. No matter what the Court does moving forward, we will not be able to erase how its actions failed Texans and our Constitution.

Roe is deeply woven into our country's fabric. People have firmly supported the fundamental right to abortion for decades and have relied on *Roe*'s protections in their lives. If the Court tugs at the threads that undergird *Roe*, the impact would not be limited to abortion rights. This legal unraveling would implicate a range of rights that, like *Roe*, rest on constitutional protections for liberty and equality: the right to marry the person of one's choice, the right of parents to raise their children in the manner of their choosing, the right to procreate. If *Roe* falls, it would endanger all of these rights as well. It would also put at serious risk our country's notions of the rule of law, the legitimacy of the judiciary, and the principle of deference to longstanding precedents.

In conclusion, I hope that as you consider ways to support and protect the constitutional right to abortion, you will keep these urgent threats to the rule of law in mind as well as the communities who are most harmed by them. Thank you.

Chairwoman MALONEY. Thank you. Dr. Skop, you are now recognized for your testimony.

[No response.]

Chairwoman MALONEY. We can't hear you. Speak up. Turn your mic on.

Dr. SKOP. Oh.

STATEMENT OF INGRID SKOP, M.D., TEXAS-BASED OB/GYN

Dr. SKOP. Thank you, Madam Chairman and members of the committee. I am Dr. Ingrid Skop. I'm a Board-certified OB/GYN from San Antonio. In the past 29 years, I have delivered over 5,000 babies. Each of these children has made a tremendous impact on the lives of the people surrounding them, although many of them were not intentionally conceived.

The Texas Heartbeat Act has reminded us of an inconvenient fact. A month after conception, a fetus develops a heartbeat, which is universally recognized as a sign of life. Nearly 50 years ago, the Supreme Court contended it could not resolve the difficult question of whether this was a life. Today we cannot plead ignorance. We have all seen ultrasounds, pictures of the unborn demonstrating he

is just like us, only smaller and more in need of our care. The abortion debate has been obscured by euphemisms that allow us to mask the horror of the action. We have created a class of humans considered unworthy of life on their own merits, valuable only if someone else desires them. This is the definition of genocide. We need to re-examine this as a scientific and human rights issue, not through the lens of political partisanship or social engineering.

The Women's Health Protection Act seeks to codify Roe. Do you all know what Roe does? Roe allows abortion at any time in pregnancy if it can be justified as benefiting the health of the woman. "Health" is broadly defined as physical, emotional, social, familial, and age factors, encompassing almost every stated reason for abortion. This legislation will hurt, not protect, women because maternal mortality is 76 times higher after an abortion at five months as compared to two.

Researchers affiliated with the abortion industry have ignored known limitations in the voluntary U.S. data collection, publishing papers reassuring us that abortion is very safe, but better-quality international records linkage studies demonstrate frequent complications after abortion. We did not believe the tobacco industry when it told us their product was safe. Shouldn't we be skeptical of similar claims from the abortion industry?

About 86,000 abortions occur yearly after the first trimester when the unborn human might feel pain, and about 11,000 occur after he can survive separated from his mother. We are one of only seven countries worldwide that will allow an elective abortion after viability, even though two-thirds of Americans support restrictions after the first trimester. A complicated D&E dismemberment abortion may cause uterine damage or incomplete tissue removal, leading to hemorrhage, infection, and even death. I will never forget a young Hispanic mother clinging to my hand in the ICU, pleading with me not to let her die as her body succumbed to overwhelming sepsis from a late-term abortion, after Roe. Subsequent pregnancies are also at risk if instrumental uterine damage leads to abnormal placental attachment or cervical damage causes pre-term delivery.

Abortion harms the emotional health of some women, leading to depression, anxiety, substance abuse, and even suicide. Surely we can acknowledge that not every woman will benefit from this decision. I have seen many women coerced into abortion. A young black patient tearfully recalled how her mother forced her to undergo an abortion at five months gestation. Now pregnant again, her boyfriend told her she could not return home until she ended her pregnancy. She strongly desired both of her children. Does she have a choice? Children born to unmarried mothers have increased from 11 to 40 percent of all births since Roe, and this number reaches 67 percent in the black community. The narrative of her body/her choice has apparently led many men to believe that the decision to bear a child belongs to the woman alone, causing them to neglect their responsibilities as fathers.

In addition to my full-time work as an OB/GYN, I am the medical director of four pregnancy centers in Texas providing free ultrasounds, STI testing and treatment, and resources to women in crisis pregnancies. Any Woman Can in San Antonio also provides

free mental healthcare. The Source Clinics in Houston and Austin provide full women's healthcare, including contraception and counseling to promote strong relationships and healthy sexual behavior.

Abortion is not a choice to be celebrated, but a decision to be grieved. Children are not a burden to be disposed of, but a beautiful addition to the life of a family and society. Our heroes are people who persevere in adversity. Bearing and raising children is not easy, but without this important work, a society cannot endure. Let us give motherhood the support and respect it deserves and stop promoting the destruction of innocent human life. Thank you.

Chairwoman MALONEY. Thank you. Ms. Ross, you are now recognized for your testimony. Ms. Ross.

[No response.]

Chairwoman MALONEY. Please unmute, Ms. Ross.

STATEMENT OF LORETTA ROSS, CO-FOUNDER OF THE REPRODUCTIVE JUSTICE MOVEMENT, AND ASSOCIATE PROFESSOR OF THE STUDY OF WOMEN AND GENDER, SMITH COLLEGE

Ms. ROSS. Thank you for inviting me and hearing me out today. I don't have written testimony because I feel the need to speak from my heart because my story disproves many of the theories that abortion opponents like to talk about.

In 1968, I was pregnant in Texas at 14 years old through incest from a married cousin who was 27 years old, who, instead of babysitting me, thought it was a good idea to get me drunk so he could have sex with me. In 1968, I didn't have any options. My only choice was whether to have that baby and give him up for adoption. But I found that once I had my child, I couldn't go through with the adoption because it is not as easy as people try to say it is. So for the next 30 years, I ended up co-parenting with my rapist, and although I fiercely love my son, I hated his circumstances, and that complicated what my child should have received, unconditional love from his mother, because as he grew up and grew to resemble his father, it was always there what had happened to me.

I was lucky enough two years later to receive a full scholarship to Howard University to major in chemistry and physics. And when I became pregnant while at Howard University, I was also lucky enough to be able to access a legal and safe abortion at Washington Hospital Center. And that abortion kept me from becoming a teen mother with three children, because I was pregnant with twins, at the age of 16. So I didn't have any choice whether to have sex, whether to have a child, and it was so hard to raise that child born of rape and incest.

And so, I really don't think it should be more difficult 53 years later for a child in Texas than it was for me in 1968. I really don't think so. And now I am wondering, is it a matter of people that don't know our stories, or is it that they don't care, because 50 years of telling our stories doesn't seem to change the hard heart of people who haven't been through what we have been through. And I'm wondering, what does it take?

So in 1994, because of what I'd been through, I was one of 12 black women who created the theory of reproductive justice because we needed more than what either the pro-choice or the pro-life movement offered us, with just the right to have the children that

we want to have, the right not to have the children that we don't want to have, but, most importantly, the right to raise those children in safe and healthy environments because nobody focuses as much as we need on what happens to the children once they are born. And so we have used this framework. We have popularized it around the country.

I am so honored and privileged to be able to tell my story, but I am wondering if merely telling my story and all of our stories is enough because if you don't care, I don't know what it takes to reach your heart. But I can tell you that theory of rape and incest—just have the baby and give them up for adoption, and, you know, accept that your life will be forever changed—if you have not lived that life, then I wonder if you really know what you are talking about. And I was very glad that I had my son, but I also had a choice two years later whether or not I would become a mother of three children and sabotage the rest of my life, but mostly, not be able to provide for the child I already had because he became the most important thing to me, and I celebrate his life by the fact that I had choices.

So thank you all for listening to me. I want you all to talk about what it is really like for people who don't have choices, who live in Texas, who shouldn't have to go through what I went through in San Antonio. Thank you.

Chairwoman MALONEY. Thank you, Professor Ross. Thank you. And Dr. Moayed, you are now recognized for five minutes.

**STATEMENT OF GHAZALEH MOAYEDI, TEXAS-BASED OB/GYN,
AND BOARD MEMBER, PHYSICIANS FOR REPRODUCTIVE
HEALTH**

Dr. MOAYEDI. Good morning, Chairwoman Maloney, Ranking Member Comer, and members of this committee. My name is Dr. Ghazaleh Moayed, and I use "she/her" pronouns. I am a Board-certified OB/GYN, the child of Iranian immigrants, a mom, a Texan, and a proud abortion provider. I want to describe how different abortion care looks in different parts of our country. I am a licensed physician who has practiced in both Hawaii and Texas providing expert abortion care, and although I am the same physician with the same expert skills and training, I am compelled by Texas to provide substandard care to patients in Dallas compared to Honolulu.

Imagine Marie, a 35-year-old American citizen, 18 weeks pregnant, working a minimum wage job, and living in Dallas. Marie is seeking an abortion prior to S.B. 8 even being enacted. She, like most people who have abortions, is already a parent and resolute in her abortion decision. Although Marie is confident and informed about her abortion, Marie is forced to endure multiple harmful restrictions. First, Texas has a law that requires abortion after 16 weeks to be provided in an ambulatory surgical center, a requirement that has been proven to be medically unnecessary and does nothing to improve quality or safety. By contrast, Hawaii has no such law restricting where abortion care can be provided. If Marie were able to make an appointment at one of our two surgical centers in Dallas, she cannot have her abortion that day. By Texas law, she must make an appointment to see me, a physician, in ad-

vance of her procedure. As her physician, I am then compelled to force Marie into a medically unnecessary ultrasound. I'm compelled to force Marie to look at and listen to the ultrasound. I'm compelled to force Marie to hear a description of the ultrasound. I'm compelled to force Marie to hear medically inaccurate state-mandated scripts.

And after all of this, Marie still cannot have her abortion. She must return 24 hours later because I am compelled to force her to wait, even though it is medically unnecessary and goes against my better judgment as a physician. And if one of my colleagues is providing care the next day instead of me, Marie must wait even longer because Texas forces people to have an abortion from the same physician that provided their ultrasound. In Honolulu, Marie could call my office for an appointment in the morning and be going home in the afternoon.

To add insult to injury, Medicaid and private insurance are barred from covering abortion in Texas. In Hawaii, unless Marie is a member of the military or a Federal employee, her health insurance or her Medicaid would cover her costs. If she were living in Hawaii, Marie would not have to forego food or rent or childcare to access her abortion. In Texas, Marie will.

Today Marie cannot even get her abortion in Dallas. The next closest clinic is Oklahoma City, which had a one-month waiting list for appointments in the weeks prior to S.B. 8 going into effect. So by the time Marie is able to schedule her appointment, she would be unable to get it in Oklahoma. So now we are moving in concentric circles, further and further away from her home, and further and further away from hope. This is exactly what S.B. 8 intends to do: deny people the ability to have an abortion, and this is where we are today.

Abortion care has almost completely stopped in our state. Only a small fraction of patients are able to get the care they need in Texas. Clinics are working tirelessly to care for everyone they can within the limits and working with abortion funds to get everyone else out of the state for care, yet we know not everyone will be able to leave the state. The impact of this law is devastating. It is terrifying not only for people with undesired pregnancies seeking abortion care, but for anyone with a highly desired pregnancy who has pregnancy complications.

The consequences are far reaching. Healthcare providers are confused. My colleagues are asking if they are still allowed to treat an ectopic pregnancy or a miscarriage. They are worried they will have to delay lifesaving care for people who are very sick. They're worried about all of the possible chronic conditions that can worsen in pregnancy, but not worsen enough to warrant an exception under this law. S.B. 8 has not only caused a near total abortion ban in Texas. It has made it extremely dangerous to be pregnant in Texas where our maternal morbidity and mortality rate is already unconscionably high, especially for black women and pregnant people of color. Texas deserves better.

I know firsthand that abortion saves lives. For the thousands of people I've cared for, abortion is a blessing. Abortion is an act of love. Abortion is freedom. We need Federal protection now. We need laws that elevate science and evidence and recognize the dig-

nity and autonomy of people accessing care. The Women's Health Protection Act is an important and critical step, but it's not enough. We need legislation that will protect pregnant people and birthing people in all of their decisions so they can live their healthiest lives. But most of all, we need you to not forget about us, the people in Texas and other restrictive states, who are trying our best to care for ourselves, for our families and our communities amidst its efforts to completely control our bodies and lives.

Thank you.

Chairwoman MALONEY. Thank you. Ms. Aziz, you are now recognized for five minutes.

**STATEMENT OF MALEEHA AZIZ, COMMUNITY ORGANIZER,
TEXAS EQUAL ACCESS FUND**

Ms. AZIZ. Good morning, distinguished members of the committee. First, I want to begin by thanking Congresswomen Lee, Jayapal, and Bush for sharing their abortion stories in an interview last night and on the panel prior to this one. Their leadership, particularly in this legislative body, is an inspiration to me. My name is Maleeha Aziz. I am a mother, a survivor of sexual assault, a proud abortion storyteller with We Testify, and a community organizer for the Texas Equal Access Fund.

Before S.B. 8 officially became the law, things were already dismal, but now they have become a nightmare. Abortion funds have been working around the clock to help people access abortions with funding assistance, travel support, and more. Abortion funds exist to counter the discriminatory, classist, and racist restrictions on abortion, like the Hyde Amendment and S.B. 8. The authors of S.B. 8 and the people supporting this discriminatory and despicable law have made it abundantly clear that they do not care about our physical and emotional well-being. They are only interested in controlling our bodies.

As a survivor, I know this feeling all too well, and it fills me with rage. I remember feeling helpless and disgusted by my own body for a very long time. Sometimes I still do, and I am so thankful that I did not become pregnant by my rapist. I am angry that we survivors must publicly share our traumas to make legislators realize the depravity of this law. At the Texas Equal Access Fund, we hear from people all over North Texas who need support accessing abortions. We hear panicked and anxious calls from clients who are terrified they will be forced to remain pregnant.

Over 80 percent of our clients learn about their pregnancy after eight weeks gestation. That is two weeks beyond the limit imposed by S.B. 8, forcing them to travel out of state for care. Texas does not guarantee paid sick leave. That means those who call T Fund for support are not able to earn a wage if they miss work for a multi-day medical appointment.

I can relate to what our clients are going through. Nearly eight years ago, I needed an abortion, too. I was a recent immigrant to the United States from Pakistan. I was a college student navigating a new country, culture, and legal system. After affording housing and food, I did not have a lot of money left over. Like many people searching for abortion clinics and needing an ultrasound, I ended up at a fake clinic, also known as a crisis preg-

nancy center. Despite wearing lab coats, the staff were not licensed medical professionals, and Christian imagery was all over the walls. I'm Muslim and uncomfortable being judged through a Christian lens. They told me that Texas banned the abortion pill because it was so dangerous. I panicked. Thankfully, a supportive family member covered the cost of my abortion and all the travel-related expenses that I could not afford.

My partner and I took the next flight to Colorado Springs where I had my abortion at Planned Parenthood. I still remember the horrible and vile insults strangers yelled at me as I walked into the clinic, which I had to endure twice because I had to wait 24 hours before I could have my abortion. I am eternally grateful my provider eased my anxiety and calmly reminded me that I knew what was best for my body. My friends and family stayed with me for a few days. I felt so cared for and loved, the way everyone should feel when they are ill or having an abortion. My procedure, pain medications, flights, hotel, and transportation cost nearly \$2,000. With Federal policies, like the Hyde Amendment, and state laws that ban private insurance from covering abortion procedures, we are left to pay for all of these costs out of pocket, despite having health insurance.

A year after the birth of my daughter, I recognized the symptoms of hyperemesis gravidarum, a severe pregnancy sickness I have experienced with all of my pregnancies. Due to HG, I was physically unable to care for or spend time with the baby I chose to have, and it broke my spirit. My husband is active-duty military and lives four hours away during the week. We decided that an abortion was the best decision for our family. The love I have for Maya, my daughter, made my second abortion the easiest decision that I have ever made. And this time, I knew abortion pills were both legal and safe in Texas. My abortion helped me create my family I have now, and for that, I will forever be grateful. Doing so also made me a better mother because I chose motherhood on my terms. I welcomed it with open arms.

Members of Congress, I sit here before you today to ask you to show up for those of us who have had abortions and provide abortions. No one should be afraid of seeking healthcare, no one should be criminally punished for wanting to end their pregnancies, and no one should fear asking a loved one for support in a time of need. As we see it, we testify. Everyone loves someone who has had an abortion. I hope that you listen to my story and the stories of countless others. The actions that you take impact your constituents and loved ones who have had abortions.

Thank you for listening.

Chairwoman MALONEY. Thank you. I thank all the panelists.

I now recognize myself for five minutes for questions.

Since I have been in Congress, we have never had pro-choice majorities until this year. Now we have a pro-choice majority in both chambers, including more than 100 Democratic women. The American people are solidly on the side of choice with 4 in 5 people supporting legal abortion. Despite this strong support for abortion rights, right now, anti-choice state legislators are trying to bulldoze the right to abortion right into the ground, and we cannot let that happen.

Ms. Steinem, thank you for being here today. You spoke about your own abortion, and in the early 1970's before *Roe v. Wade*, you pioneered the fight for reproductive rights. But what is happening today puts these five decades of progress at risk. Ms. Steinem, since *Roe v. Wade*, has the right to abortion ever been under greater risk than it is now, than it is today?

[No response.]

Chairwoman MALONEY. You need to unmute, Ms. Steinem.

Ms. STEINEM. I do not remember any time at greater risk, and I am sorry to say that I believe it is also connected to a racial bias in this country because we are at a point when we are about to become a majority people of color country, which seems to me a great event in a way. We are going to have better relationships with other countries in the world, understand differences better. But I think there is a profoundly racist resistance to the continuation of the right to safe and legal abortion, and we see that in the nature of the resisters and the nature of their politics. It is absolutely fundamental that we control our own bodies. There is no democracy without that. We are fighting for the very basis of democracy.

Chairwoman MALONEY. Thank you. Professor Murray, one of the most extreme abortion bans in history, Texas' Senate Bill 8, took effect earlier this month after the Supreme Court refused to block it. And this December, the Supreme Court will hear oral arguments in a case examining Mississippi's 15-week abortion ban. This is a direct challenge to *Roe v. Wade*, which established the constitutional right to abortion. Professor Murray, how real is the possibility that *Roe* will fall in the coming months, and what will happen on the state level if it does? Professor Murray.

Ms. MURRAY. Thank you for the question, Chairwoman Maloney. I think it is very clear, given the Supreme Court's actions in that September 1st order regarding S.B. 8, Texas' flagrantly unconstitutional six-week ban on abortion, that there is certainly a majority on the Court that is receptive to the prospect of overruling *Roe*. And certainly the question has been squarely presented by Mississippi in its briefs before the Court. Regardless of what the Court does—it could overrule *Roe* entirely, it could simply remove viability as a salient marker in the Court's jurisprudence—but the bottom line is the same. Reproductive rights across this country will be imperiled. If *Roe* is overruled, that will return this question to the states, and this country will be a patchwork of reproductive access where some parts of the country will have uneven, if not abysmal, access to reproductive healthcare while others will not, and that will have profound implications for poor women, women of color, LGBT women, women who live in rural areas.

If the Court simply decides that viability is no longer a salient concept and allegedly saves *Roe*, what we will have is a desiccated and hollowed-out right to abortion in which the states will begin to pass ever-more restrictive laws and test whether a 12-week ban is permissible, a six-week ban is permissible. And, again, coming back to S.B. 8, the fact that we are now considering a six-week ban that is in effect on the ground in Texas means that the Overton Window about what is reasonable in terms of abortion restrictions has entirely shifted.

Chairwoman MALONEY. Thank you. Professor Ross, you are one of the original founders of the Reproductive Justice Movement. If Roe falls, what will it mean for people seeking abortion care, particularly those for whom care has been historically pushed out of reach? Professor Ross.

Ms. ROSS. What it will mean is that people will have fewer choices than I had even when I was a teenager in Texas, that they will become desperate. My parents considered taking me to Texas and seeing if I could get an abortion there, but they deemed it wasn't safe. Instead they stuck me in a home, which was my decision, too, for unwed mothers in San Antonio near Trinity University because the plan was for me to give my son up for adoption, and I chose to keep him. And a lot of people think that because I kept my son born of rape and incest, that that is why abortion should be illegal or outlawed, but just because I love my child doesn't mean I wanted to be raped to have him. And so I think it will be hard on women in Texas.

But I have to say as grassroots reproductive justice activists who believe that abortion is a human right, we will do whatever is necessary to save women's lives because we have got that lived experience, and we are going to have every means at our disposal to make sure women don't die because people don't care. But we care.

Chairwoman MALONEY. Thank you all for being here today.

The gentleman from Texas, Mr. Cloud, is now recognized for five minutes. Mr. Cloud.

Mr. CLOUD. Thank you, Chair. The toughest discussions we have up here are the ones, for sure, where the rights of people we represent seem to be in conflict, and understandably, there is no shortage of deep emotion surrounding this debate, and especially for the women, who through no fault of their own, have found themselves victims of despicable and horrible acts. Our Declaration of Independence talks about the inalienable rights that we have as people, among them life, liberty, and the pursuit of happiness. And it is important that our founders recognized that these rights, they are not a grant from government, but they were a gift from God. They preceded our government, and, therefore, we don't have a right as a government to limit them. And so when we look at that, we realize that we can't have liberty, we can't have pursuit of happiness without the right to life.

Roe v. Wade was decided in 1973, and, of course, much has changed in the last nearly 50 years. We know a whole lot more than we did then. Nearly 50 years of scientific advancement have unveiled to us the amazing miracle of the development of a child. I asked my mom actually if she had an ultrasound picture of me, and she said no, and that is pretty common for anyone who was born when I was born, right around the time when Roe v. Wade was decided. Ultrasounds were not very common. There wasn't much we knew about what was going on.

But much has happened since then, and we now know we have 40 ultrasounds now where we can see facial features. We can see a child's smile. We can see them express emotion and react to external stimulus. We know a child's heartbeat can be detected as early as six weeks. In the early 70's when Roe v. Wade was being discussed, abortion advocates would often call it a blob of tissue or

there was understanding that it was an appendage of a sort, but now we know so, so, so much more about it.

According to the American College of Pediatricians and the Association of American Physicians and Surgeons, they said this: "We now know that the unborn child is a living human being, rapidly developing from the moment of conception and capable of feeling pain long before viability. Even in the pre-viability period, the child's heart beats, the child can express himself or herself through smiling and other actions, and the child can respond to the environment outside the womb. In short, as basic embryology, textbooks now teach life begins at fertilization, a fact that surprises no one in the medical profession." And so, Dr. Skop, could you speak to the development of a child who has not been born yet? Is it fair to consider it still a blob of tissue, or what do we know now that we didn't know back in 1973?

Dr. SKOP. Well, we have beautiful ultrasound that tell us so much, and, in fact, some people want to call it fetal cardiac activity instead of a heartbeat, but the blood vessels exist from about the 16th day after conception. The fetal blood cells are actually already in place by about 21 days when the electrical activity that generates the heartbeat is in place, so the whole system is there and it is running that early. Within just a few weeks, we can see facial features. We can see arms, legs. By 9 to 10 weeks, the baby has fingerprints and fingernails. At 10 weeks, ultrasound tells us if that baby's going to be left-handed or right-handed. We can see a strong preference for sucking one thumb over the other, and this all happens in the first trimester. It is beautiful, and it is widely available to every American to look on YouTube and to see how much they look like us at such an early gestational age.

Mr. CLOUD. What about a pre-born baby's ability to feel pain? What do we know now that we didn't know back in 1973?

Dr. SKOP. For a long time, researchers in the field thought that it was necessary to have a completely formed cerebral cortex to feel pain. But we now know that the sensory receptors begin at seven weeks, that the spinal reflex arc, which allows withdrawal, begins at 10 weeks. A fetus at about 16 weeks who is undergoing amniocentesis and is actually accidentally stuck with a needle will do all of the things that we would do if we experienced pain. It will withdraw from the pain sensation. Its heart rate will go up. It will release stress hormones. By 20 weeks, the thalamus, the lower part of the brain, is fully functional and connected to the extremities. And experiments in infants who don't have complete development of the cerebral cortex show that they show pain. We can see it on their faces.

When fetal surgery is performed at as young as 18 weeks, the anesthesiologist always treats the fetus as a separate patient. He doesn't just give anesthesia to the mother. He gives specific anesthesia directed to the fetus to help that fetus not feel pain during that surgery. So certainly by the time of viability at around 22 weeks, we know that unborn human being feels pain, and the dismemberment abortion procedure that is used most commonly at that gestational age has got to result in excruciating pain to a member of our own species.

Chairwoman MALONEY. The gentleman's time has expired.

The gentlewoman from the District of Columbia, Ms. Norton, she is now recognized for five minutes. Ms. Norton.

Ms. NORTON. Thank you very much, Madam Chair, for this compelling hearing. Before I get to my main questions for the witnesses, I want to point out how uniquely vulnerable the reproductive rights of the women I represent in the District of Columbia are, at least until statehood, because Congress has control over the District's local affairs. Currently, Congress prohibits the District from spending its own local funds on abortion services for low-income women, even though 15 states use their own funds for this purpose. Future Republican Congresses could even create a Texas-style bounty law in D.C., and if the Supreme Court overturns *Roe*, Congress could ban abortion in the District of Columbia. It is more urgent than ever to make the District the 51st state.

For nearly 50 years now, the Supreme Court has upheld the right to abortion care. Still, many states have sought to undermine this constitutional right, including by enacting trigger bans, and that is going to be the basis of my questions. These bans would immediately take effect in the event *Roe* falls. The Center for Reproductive Rights estimates that if *Roe* were to fall, 24 states would likely take action to ban abortion. That includes 30 states where so-called trigger bans have been enacted, meaning that abortion would be immediately outlawed if *Roe* is overturned by the Supreme Court. Professor Murray, could you explain how these trigger bans work and what that would mean for abortion access in these 11 states?

Ms. MURRAY. Thank you, Representative Norton. Trigger bans are laws that are already enacted in many of these states that basically specify that in the event that the Supreme Court overturns *Roe v. Wade*, the state will immediately re-criminalize abortion within its borders, and the effect of that, of course, would be profound. It would turn vast swaths of the United States into abortion-free zones, and it would turn women living in those states into reproductive refugees having to go to other states in order to seek this kind of reproductive care. So to the extent we have been discussing in some quarters the refugee crisis at the southern border, we will be developing a different kind of refugee crisis within our country's own borders.

Ms. NORTON. Thank you. Professor Ross, you are one of the founding thought leaders of the Reproductive Justice Movement, which has broadened our understanding of how abortion restrictions disproportionately harm certain communities. How would banning abortion further entrench longstanding health inequities, particularly for communities of color?

Ms. ROSS. Thank you for the question. As we found out through COVID, people who already had inadequate healthcare, who already had limited life choices, found their lives made worse when they have to deal with an unexpected health crisis, and particularly when they have to deal with an unplanned pregnancy. So for black women, Latina women, indigenous women, disabled people, people who are already marginalized and underserved by the existing healthcare system, they will find their lives made worse. They will find that they have fewer options, and they will find that they have to go through even more extraordinary hardships to take care

of the children they already have, to try to find a job or keep a job that they are already marginalized at.

And I find that people will be extraordinarily desperate when they have to choose between paying their rent or buying food or getting an abortion or taking care of the children they already have. We as mothers, we do whatever is necessary to take care of our children, and we are trying to do that. And sometimes I remember with my own child, it meant going without food so my baby could eat. And so these are the things that people are asking us to dive deeper into, and it is callous. I don't even know why 50 years later I am fighting against human rights violators. I don't know why, but I continue to do so.

Ms. NORTON. Thank you very much. My time has expired.

Chairwoman MALONEY. Thank you. The gentlelady yields back.

The gentleman from Georgia, Mr. Hice, is recognized for five minutes.

Mr. HICE. Thank you, Madam Chair. Once again we find ourselves here in this committee dealing with issues that we have absolutely no jurisdiction to associate ourselves with here. And yet today, the Democrats are trying to convince us that abortion is a constitutional right, which, you know, look, arguably you have got about as much constitutional right to kill an unborn baby as you do your neighbor. It is the preamble of our Constitution that states clearly that the purpose of our Constitution is to secure the blessings of liberty for ourselves and our posterity, which, of course, are those that are not yet born. Certainly it is not the intent of the Constitution to kill the unborn and our posterity, but to secure the blessings of liberty for them. And yet here we are again.

Madam Chair, we have time and again written letters and made requests for oversight of the executive branch. We have serious issues in this country that we have not been able to have hearings on, from the withdrawal in Afghanistan, to the southern border where we have COVID coming across the border, drugs, human trafficking, criminals, terrorists, and who knows what else, and still no hearings to address those issues. Inflation, on and on and on. And unless we deal with the disastrous decisions of this and the horrendous failures of this Administration, those things are going to continue in our country.

But here we are dealing with abortion, and I would just say as a pastor, I have dealt with this for over 25 years. I am unapologetically pro-life. I have spoken, marched, voted, listened, prayed on this issue for decades.

I appreciate my colleague, Kat Cammack, for her incredible testimony earlier this morning. And I have to say I was shocked last week as my colleagues on the other side of the aisle voted against the protection of a baby born alive from a botched abortion, and yet we are told the baby is somehow the mother's body. I wonder if that baby lying on the table there is considered the woman's body and that it is OK to kill that baby. You know, my colleagues voted in that direction last week. I have seen over and over and over for decades and have prayed with, ministered to, and helped women who are suffering emotionally and physically with the results of abortion, and I believe this needs to be a major topic, likewise, that

is discussed here. Our Federal Government should not be in the business of expanding abortions, but in limiting it.

And so, from that, Dr. Skop, I want to thank you for being here. Your testimony was incredible. From your professional and scientific opinion/perspective, is it correct to refer to the baby in the womb as the “woman’s body?”

Dr. SKOP. Thank you, Congressman. The baby has his own genetic makeup, half of which comes from his mother and half from his father. He is dependent on his mother, and yet dependency should not be a criteria of who has a right to live and who may be killed because, I mean, a newborn infant clearly is dependent. Human beings are very, very dependent for the early part of their life, unlike many animals. We need our mothers to care for us, to bring us to birth, and then to care for us even afterwards. So clearly he is, although part of the body or in the body, he is no more a part of the woman’s body than a car in the garage is a consistent feature of the garage.

Mr. HICE. OK. And listen, I mean, dependency, it would be like saying if a toddler fell in a swimming pool, because it is dependent upon someone else to save it, it is not of value, we can just let it drown. I mean, we could go down that path. Dependency is not the issue. It is a separate individual in the womb. Can you tell us how many women die each year from abortion procedure complications? Do you have any idea?

Dr. SKOP. I cannot tell you that because our country has very, very poor data on deaths related to abortion. There are many reasons for this. One is that there is really no clear Federal mandate to report deaths related to abortion. I am sure many members of this committee are aware that there is a maternal mortality crisis in our country across the board, and studies have documented that probably between 50 and 75 percent of even maternal deaths that occur related to childbirth, related to care in a hospital, many of those do not get reported on the death certificate. And there are various reasons for that that I probably won’t go into. But the CDC primarily draws their data from death certificates, and they are ignoring the fact that it is very, very difficult to document on a death certificate a death, for example, if a woman has an abortion and commits suicide out of guilt six weeks later. That will almost never be documented.

Many abortion providers do not maintain hospital privileges. It is very common—I have seen this in my own profession when I am taking care of women in the emergency room—for a woman not to return to the abortion provider if she has a complication, to come to me. Many times she is ashamed, and she won’t even tell me that it was an abortion that led to the complication.

Chairwoman MALONEY. The gentleman’s time has expired. If you can wrap up.

Mr. HICE. Thank you, Madam Chair.

Dr. SKOP. Anyway it is very, very poor data, so we do not know the answer to that question.

Mr. HICE. Thank you. Thank you, Madam Chair.

Chairwoman MALONEY. The gentleman from Virginia, Mr. Connolly, is recognized for five minutes.

Mr. CONNOLLY. Thank you, Madam Chairwoman, and thank you for holding this hearing. Dr. "MOY-adi." Have I got that name right?

Dr. MOAYEDI. Moayedi, sir.

Mr. CONNOLLY. Moayedi. We just heard an exchange about complications and they are not reported, and the data is vague. What do you know about complications and deaths from licensed clinics that provide medically supervised care with respect to abortions?

Dr. MOAYEDI. Thank you for that question. I would like to first remind all OB/GYNs that the American Board of OB/GYNs has recently warned that spreading medical misinformation can result in loss of Board certification. It is incorrect——

Mr. CONNOLLY. Can I just interrupt you there?

Dr. MOAYEDI. Mm-hmm.

Mr. CONNOLLY. Did you just hear misinformation?

Dr. MOAYEDI. I did just hear misinformation.

Mr. CONNOLLY. So for the record, Madam Chairwoman, we just heard misinformation according to Dr. Moayedi. Go ahead.

Dr. MOAYEDI. It is incorrect that this data is not tracked appropriately, and, in fact, in our state of Texas, this data is tracked from a clinic level, and it is actually legally required that every single day we report to the state who has had abortions and if they have had any complications. And, in fact, now the state has passed a new law that I have to report complications that are not even related to abortion care that might happen 20 years later in a person's life.

Mr. CONNOLLY. So, couldn't one make the opposite argument Dr. Skop just made that, as a matter of fact, by closing clinics and making it difficult to get a legal abortion, which is legal in America, actually we are, Texas, for example, is endangering the lives of women seeking a safe clinical procedure in a clinic that is licensed?

Dr. MOAYEDI. Exactly. We don't even need to make that argument. It is actually medical fact. We know——

Mr. CONNOLLY. It is a medical fact.

Dr. MOAYEDI. It is a medical fact. We know that when people do not have access to abortion care, that maternal morbidity and mortality rates rise, and that is a global fact.

Mr. CONNOLLY. So would it be fair, in your opinion, to say, frankly, the new Texas law is endangering the lives of women?

Dr. MOAYEDI. Yes, sir. That is exactly what I said in my testimony.

Mr. CONNOLLY. And what kinds of requirements has the state of Texas imposed or attempted to impose on abortion providers and the facilities where they work?

Dr. MOAYEDI. We have numerous medically unnecessary laws, and that is not just my opinion. The National Academies of Sciences has shown in an unbiased, nonpartisan report that these laws are medically unnecessary and harm people. So in Texas, for example, first of all, a physician must provide abortion care even though we have good evidence that you don't need a physician to hand someone a pill or provide first-trimester abortion care. In Texas, you must make an appointment, and that appointment, you have to come in and have a medically unnecessary ultrasound.

That ultrasound has to be provided by the same physician that is going to perform the abortion. There is no reason that an ultrasound and the same physician increase safety at all. They have to wait 24 hours between the time that they get their ultrasound and the time that they get their abortion. The same physician has to do it. You have to be at least 18 years old. Otherwise, you need to get parental consent. You need to have an ID to be able to show it in the clinic.

You need to be able to access a clinic, right? We don't have enough clinics in our state, and if you live anywhere along our southern border, that access has been gone for quite a while. The state restricts me practicing evidence-based care, so the state does not allow me to provide medication abortion past 10 weeks, even though we have good evidence from around the world that medication abortion is safe to provide after 10 weeks. The state requires that I physically hand the patient the pill, even though all of us in this room, physician or not, can know that you don't need a physician to give you a pill.

Mr. CONNOLLY. Let me just interrupt you there. I mean, what you have just described, to me, sounds like an over-regulated regime in Texas making it very, very difficult for a woman to access legal medical care with respect to abortion. And I find it ironic that the same people who say wearing a mask compromises my personal autonomy have no compunction about imposing on women in this country and in the state of Texas some of the most restrictive legislation governing the most sacred autonomy possible: control over your own body.

Briefly, Ms. Aziz, to make it all special, the Texas law allows vigilantes and gives them bounties. How is that affecting you in your work? And then I yield, Madam Chairwoman.

Ms. AZIZ. Thank you for your question. As I mentioned in my testimony, we have a lot of panicked callers that are very scared that they are going to be forced to remain pregnant against their wishes. You know, as you said, that is basic autonomy. It is very difficult to navigate because no one could have imagined that something like this would ever happen, you know, bounty hunting, vigilantism. Anybody, you know, just because they want the money can bring about a frivolous lawsuit against somebody, you know, against someone's family member or someone's friend who is trying to support them in having an abortion. It is completely ridiculous. And abortion is healthcare, and every person deserves equitable and fair access to an abortion.

Mr. CONNOLLY. We are back to the wild west in Texas. I yield back.

Chairwoman MALONEY. The gentleman yields back.

The gentleman from Arizona, Mr. Gosar, is recognized for five minutes. Mr. Gosar.

Mr. GOSAR. Thank you, Madam Chairwoman. Dr. Skop, you were just accused of spreading misinformation. Would you like to address that comment, please?

Dr. SKOP. Thank you, Congressman, for the opportunity. I think that there is data available to support everything that I have said today, and I have provided references to the committee of what I have said. It is unfortunate that the politicization of this issue has

affected the medical organizations as well. But as an OB/GYN, I went into this practice to care for two patients—a woman and her unborn child—and I continue because in my conscience, I cannot do otherwise than to advocate for the life and health of both of my patients. And that is the right thing to do.

Mr. GOSAR. Well, I agree with you, and we are seeing that same discussion here, you know, with what we claim to be a science within the COVID-19 discussion as well. So now, as a healthcare provider, we all know that patient autonomy is the foundation of all healthcare decisions. Informed consent respects that doctrine. I don't agree that abortion is healthcare, but assuming it is, all pregnant women receiving an abortion death pill should be told of the risk of the toxic brew they are swallowing, including the impact to future fertility. To your knowledge, are women being told that by taking this pill, they may impact their future fertility and not be able to have children in the future? And if not, can you discuss these ramifications?

Dr. SKOP. I do not know specifically what is being said in abortion clinics, but I do know that many states have mandated the discussion of complications. And, in fact, the FDA, under its Risk Evaluation and Mitigation Strategy, mandated discussion of complications as well. What we do know and what I have seen frequently in the emergency room when I have cared for women having complications from medical abortions, is that it results in complications very frequently. Records linkage studies from Europe tell us that medical abortions have complications four times as frequently as surgical abortions. Very good studies and meta-analyses tell us that between 5 and 8 percent of women who receive a medical abortion do not pass the tissue completely or hemorrhage and require surgical completion usually with a D&C. I do not know how many women understand that they have between a 1 in 12 and 1 in 20 chance of requiring a surgery in addition to the medical abortion pills that they receive.

I think the number of medical abortions as a percentage of abortions is going up dramatically, particularly in response to COVID. I think there is a very good possibility if women understood the high risk of complications, that they might opt for surgical abortions instead. So the numbers of medical abortions are concerning. Additionally, the FDA, because of COVID, removed the in-person requirement for medical abortion dispensing, which means that a woman does not need to have an ultrasound to find out exactly how far along she is. I have seen many women who perhaps underestimate their gestational age. They are at much higher risk to fail if they are at a more advanced gestational age. They are no longer making sure that that is not a pregnancy outside of the uterus that could rupture because medical abortion pills do not affect a pregnancy in the tube, and women have died from that. They do not evaluate RH status, in which case a woman may in a future pregnancy, if she needed the RhoGAM injection and did not get it, she can form an immune response to her future children. And 14 percent of those children, if they are untreated, will be stillborn. Half will suffer neonatal death or brain injury. There are some very significant complications that can occur with unsupervised medical

abortion, and for some reason the FDA is choosing to look the other way on that.

Mr. GOSAR. So let me get this right. I have just limited time. There are preoperative screening complications if we don't screen, and there are complications post-abortion based upon those same screenings or additional factors.

Dr. SKOP. That is correct. There is a lot that women probably do not know.

Mr. GOSAR. Got you. Well, I have very limited time. I will yield back. Thank you, Madam Chairman.

Chairwoman MALONEY. Thank you. The gentleman from Illinois, Mr. Krishnamoorthi, is recognized for five minutes.

Mr. KRISHNAMOORTHI. Thank you so much, Chairwoman, and I appreciate you holding this very important hearing. Dr. Skop, I have a question for you. S.B. 8 prohibits abortions of a fetus after a "detectable fetal heartbeat," correct?

Dr. SKOP. That is correct.

Mr. KRISHNAMOORTHI. And you supported and testified in support of S.B. 8 at a March Texas State Senate hearing, right?

Dr. SKOP. I was at a State Senate hearing. I was testifying particularly about the medical abortion limitations. I may have submitted a written testimony, but I don't recall that I testified verbally.

Mr. KRISHNAMOORTHI. But you support S.B. 8, correct?

Dr. SKOP. I support the ability of a state to legislate the procedure of abortion in accordance with the will of the people.

Mr. KRISHNAMOORTHI. Well, let me ask you this. I read the whole text of S.B. 8, and in here it does not have an exception even in the case of rape, correct?

Dr. SKOP. That is probably correct.

Mr. KRISHNAMOORTHI. And it doesn't have an exception even in the case of incest, right?

Dr. SKOP. That is correct.

Mr. KRISHNAMOORTHI. Now, my wife and I have a daughter, Dr. Skop, and one of our greatest fears in life is that she would be sexually assaulted or raped. Now, I understand that you have a daughter, right?

Dr. SKOP. I do have a daughter.

Mr. KRISHNAMOORTHI. If, God forbid, your daughter were raped, do you believe that your daughter should be forced to carry the fetus to term?

Dr. SKOP. And I just want to say for the record that the stories that I have heard from women today of their abortions make me very sad. I feel for every woman that has been through that horrendous situation and had to make that horrendous decision. I am working for a world where women do not ever have to address that decision. But I would say that in the case of a rape, women generally know that they have been raped, and a woman can find out that she is pregnant—

Mr. KRISHNAMOORTHI. I am just asking you a simple question, Dr. Skop. Even after a detectable fetal heartbeat under S.B. 8, were your daughter raped, would you believe that she should be forced to carry the baby to term as required by S.B. 8?

Dr. SKOP. S.B. 8 gives enough time for a woman who knows she has been raped to determine that she is pregnant.

Mr. KRISHNAMOORTHY. No, I am asking in the case after a detectable fetal heartbeat. After the detectable fetal heartbeat. I am just asking a very simple question. At that point, is it your testimony that you believe that your daughter should be forced to carry the baby to term even in the case of rape?

Dr. SKOP. If my daughter were pregnant as a result of rape, that would be extraordinarily sad, and I think that is evidence of the broken world that we are living in.

Mr. KRISHNAMOORTHY. Ma'am, you don't want to answer the question. You are being evasive, and this is the hypocrisy which characterizes people like you having an opinion as to how you would treat your own daughter but forcing other daughters and sisters and women in the state of Texas to go through a wholly, entirely different experience. In 2019, the Texas Department of Safety reported more than 14,000 rapes in the state of Texas, and most experts believe, unfortunately, the actual number of rapes far surpasses the number of reported rapes. Now, ma'am, do you believe that after a fetal heartbeat is detected, there should be any exception for rape or incest?

Dr. SKOP. I think there is adequate time in this law for a woman who has been raped to discover that she is pregnant, and if she wants to terminate the pregnancy, I think that she has time to do it.

Mr. KRISHNAMOORTHY. You are not answering the question, ma'am. After the detectable fetal heartbeat has been supposedly ascertained under the statute. It appears that you don't believe that there should be an exception for rape or incest, and that goes directly contrary to what Donald Trump said. He said, "I am strongly pro-life with three exceptions: rape, incest, and protecting the life of the mother, the same position taken by Ronald Reagan."

Now, let me talk about Governor Abbott. When he was asked about forcing women to carry their fetuses to term in the case of rape, he said, "Texas will work tirelessly to make sure that we eliminate all rapists." Now, ma'am, you don't believe that S.B. 8 is going to result in the elimination of rape in Texas, do you?

Dr. SKOP. No, of course not.

Mr. KRISHNAMOORTHY. And you don't believe that incest will be eliminated in Texas either.

Mr. COMER. Madam Chair, his time has expired.

Mr. KRISHNAMOORTHY. She can—

Chairwoman MALONEY. The gentleman's time has expired.

Mr. KRISHNAMOORTHY. She can answer.

Dr. SKOP. The heartbeat indicates an independent human life, and as a pro-life physician who advocates for the fetus as well as the mother, that human life should be allowed to continue.

Mr. KRISHNAMOORTHY. Unresponsive. Thank you.

Chairwoman MALONEY. The gentleman yields back.

The gentlewoman North Carolina, Mrs. Foxx, you are recognized for five minutes.

Ms. FOXX. Thank you, Madam Chairman, and I want to thank you for the way you have handled yourself in this hearing. But I want to thank Dr. Skop for being willing to put up with some very

disrespectful questioning and a very, very disrespectful attitude toward you. We really appreciate that. Thank you very much for doing that. Dr. Skop, have you seen many examples of premature babies born around 22 to 24 weeks who go on to lead healthy lives after receiving treatment, and have you seen the age of these patients decrease as science has advanced?

Dr. SKOP. Thank you, Congresswoman. I have. I have been practicing for 25 years. Around the time that I started, I think that we considered viability the age at which you could likely resuscitate a baby, that he would have a, you know, a good chance at survival at around 25, 26 weeks. Currently, we are seeing babies saved in our hospital at 22 weeks, extraordinarily fragile, extraordinarily sad, heartbreaking for the mothers. Many times I have seen this in association with a shortened cervix, which good studies show us is associated with abortion, particularly multiple abortions. So sadly, women don't know that their choice they make today may cause them to have an extremely premature baby who clings to life later.

Ms. FOXX. Do you believe that the age of viability will get younger as we continue to make scientific and medical progress?

Dr. SKOP. I think it may get a little younger. I think that there is going to be a physical constraint at the point at which the alveoli, where the oxygen comes in, and the blood vessels that flow through the lungs, can actually pass oxygen. So there may be a hard limit, but it is amazing that we are saving so many babies at just a little over halfway through a pregnancy.

Ms. FOXX. Yes. Dr. Skop, in an amicus brief submitted to the Supreme Court as it considers the *Dobbs v. Jackson* case, 375 women shared in sworn affidavits how they were injured by second and third tri-semester, late-term abortions. Madam Chair, I ask unanimous consent to insert into the record the amicus and appendix recording the experiences of these women.

Chairwoman MALONEY. Without objection.

Ms. FOXX. Thank you. Dr. Skop, have you encountered women in your work who have had similar experiences?

Dr. SKOP. I think that a late abortion is exceedingly emotionally traumatic for a woman. She has felt the baby moving. Regardless of her circumstances, that has got to be the hardest decision to make. They are very dangerous. I will tell you something else that I am concerned about. I mentioned coercion. If we have abortion without limits for any reason in this country until birth, a woman who is being coerced toward an abortion has nine months to fight for the life of her baby. I think many women who have late abortions are women who just got tired of saying no, no, no, I want to keep my baby, which is terribly tragic.

One thing that I have seen in Texas from the pregnancy centers that I work with is that women come in for ultrasounds, and when they see the heartbeat, they are very happy because they now know that their boyfriend or their mother cannot coerce them into an abortion because it is illegal. The earlier we set limits, the more we are protecting women from that coercion of losing the baby that they want to carry.

Ms. FOXX. Right. And we see this in the crisis pregnancy centers all over the country. Dr. Skop, I am going to give you just a few

more seconds. I know you have corrected the record at least once since I have been listening. There are many things that have been said today that have not been true, and I wanted to see if you would like to correct any more falsehoods that have been said.

Dr. SKOP. I must speak to the statement that was made that pro-life people are racist because we do not want the Hyde Amendment to be overturned and for the government to pay for abortions of children of color. The flip side that we should be considering is that black women have more than three times the abortions of white women. People may not recognize it, but there has got to be a eugenic component here. In the civil rights era of the 1960's, there were approximately 18 million black people in America. Since Roe, approximately 18 million black babies have been aborted. It is not racist to want to save those children.

Ms. FOXX. That is a very eloquent statement. And we all know that Planned Parenthood was begun in order to kill black babies and other children who were unborn that they felt were unfit for this world, and it is important people understand the history of Planned Parenthood.

Chairwoman MALONEY. The gentlelady's time has expired.

Ms. FOXX. Thank you very much. I yield back.

Chairwoman MALONEY. The gentleman from Maryland, Mr. Raskin, is recognized for five minutes.

Mr. RASKIN. Thank you, Madam Chair. Women in the United States have had a constitutional right to an abortion since 1973, and that is not an argument. That is an old-fashioned thing called a fact. Since the middle of the 20th century, American women have been free to make their own decisions with respect to abortion, and this is as it should be, for every woman's situation is unique, as we have heard from women witnesses on both sides of the aisle today. Some women are 32 and have become pregnant by choice and are hoping to have a baby. Others are 19 and become pregnant by rape, abuse, or incest, and would never consent to bear their rapist's or abuser's child. Some have the private resources and personal health necessary to raise many children. Others are impoverished, ill, depressed, in emotional or mental crisis, and could not seriously contemplate it.

The point is every woman's situation is completely different and deeply personal. So the real question before us in America today is, who is going to decide for the women of America? Is it the women of America, or is it state legislators, 69 percent of whom are men? That is the question. Who is going to make these most private and intimate decisions? I know that every member of the committee on the other side opposes *Roe v. Wade* and the constitutional right to privacy, but I wonder if any of them are willing to actually defend the details of the new Texas law.

It not only makes it unlawful for a woman to have an abortion after six weeks when most women don't even know they are pregnant. It deputizes every person in the United States from all 50 states, including rapists, and sexual harassers, and insurrectionists, and murderers, everyone including snooping and spiteful neighbors, feuding relatives, to go out and sue the doctors, the nurses, the medical personnel, and family members who dare to help their daughter, or niece, or sister, or mother through a health

crisis, and they can sue them for \$10,000 under Texas state law today. That is America in the 21st century today with the constitutional right to privacy under attack.

This is our future and our present in the nightmare Orwellian world that the GOP wants to deliver to us, but our friends don't want to speak about the specifics. So I want to ask specifically every single witness here, do you think the law should be changed in America so women and girls who are raped can be forced to bear their rapist's child as under the Texas law? Do you think the law should be changed so women and girls who are raped can be forced by the state to bear their rapist's child as under the Texas law? And I will begin with Ms. Steinem if she is still out there.

[No response.]

Mr. RASKIN. OK. Then, Ms. Aziz, I come to you. Just "yes" or "no," if you can. Should the law be changed so that women and girls who are raped can be forced to bear their rapist's child?

Ms. AZIZ. As a survivor, I can't fathom the thought of having to carry my rapist's child, and no one should have to do that.

Mr. RASKIN. So your answer is, no, it should not be changed. OK. Dr. Moayed.

Dr. MOAYEDI. No.

Mr. RASKIN. Thank you very much. Dr. Skop.

Dr. SKOP. No, I don't want to see the law changed. I want to see people's hearts and minds changed about this unborn human.

Mr. RASKIN. OK. So I take it your position then is *Roe v. Wade* has it right, the woman has a constitutional right to privacy, but we should engage in the old-fashioned American arts of persuasion of trying to convince people to our point of view about an intensely private decision like this.

Dr. SKOP. Thank you. That is why I am here today.

Mr. RASKIN. Thank you very much. Professor Murray, what about you?

Ms. MURRAY. No.

Mr. RASKIN. OK. And, Ms. Ross, what about you? I don't know if she is still there.

Ms. ROSS. The answer is obvious. No, because my son had a complicated life getting to know his pedophile father and the fact that I had to deal with this man re-raping me emotionally just to raise my child. That is an obvious no.

Mr. RASKIN. Well, Ms. Ross, I want to thank you especially for your testimony. I want to thank all the witnesses, but you have really made vivid for the United States what we are talking about here, which is every woman's situation is different. Every family's situation is different. And the Supreme Court in *Roe v. Wade* and *Planned Parenthood v. Casey* made this a personal decision, and the doctrine has changed from one of the trimester framework. By the way, everyone saying you can have an abortion up to nine months, that is deranged. That has got nothing to do with the law in the United States under *Roe v. Wade* or *Planned Parenthood v. Casey*, which draws the line at fetal viability.

But I just want to say every witness here on both sides now seems to agree that the Texas law is deeply flawed, if not completely unconstitutional, in impinging on the woman's right to choose and compelling her to go ahead and bear her rapist's, or her

abuser's, or her assailant's child against her will. And that is an outrage and that is a scandal. That is totalitarian. Let's go back to the constitutional right to privacy, and let's have the discussion. People can try to engage with each other and move each other, and I thank Dr. Skop for that point, but let's not trample on the constitutional rights of the people. I yield back to you, Madam Chair.

Chairwoman MALONEY. The gentleman from Louisiana, Mr. Higgins, is recognized for five minutes.

Mr. HIGGINS. Thank you, Madam Chair. From my heart, I feel the pain of my fellow Americans on both sides of the aisle, this issue. We will all answer for our sins. All of us fall short of the glory of God. I am no exception. I have lived at times in rebellion against God, and for every sinful act, I will kneel before our Lord and Savior. Over the course of my 60 years, I have failed and fallen in ways that bring shame upon my heart and soul. I have been callous and uncaring. I have lacked compassion and I have broken promises. I have been at times a bad son, an unworthy brother, a poor father, and a failed husband. I have lived and, thus, I have sinned.

America is an anointed Nation, and as such, our republic will move forward according to God's will, and our Nation will evolve in our Savior's own time. I stand in judgment of no man. Judgment is of the Lord. As a child of God now in my life, obedient to His path, I will fight to protect the innocent with every fiber of my being and every power of my spirit. Ultimately, God's will will imbue itself into American society deep from our heart, as has been mentioned here today. America's laws ultimately will reflect God's love for his unborn children. Until that time, some of us will never rest in our battle to protect the most vulnerable amongst us: the precious and innocent children of the womb.

This has been a meaningful and insightful hearing. I am moved by the testimony of our witnesses today, and I have faith and confidence in the future of our Nation. Divided though we be on this issue, I believe ultimately, my brothers and sisters, that we are in God's hands and we will move forward according to His will. Madam Chair, I yield.

Chairwoman MALONEY. The gentleman yields back. The gentleman from California, Mr. Rho Khanna, is recognized for five minutes.

[No response.]

Chairwoman MALONEY. The gentleman needs to unmute.

Mr. KHANNA. Thank you, Madam Chair. Madam Chair, I just want to take 30 seconds to correct the record. Representative Foxx suggested, this absurd suggestion that Planned Parenthood was somehow conceived to encourage abortions in the African-American community. I suggest reading an 8th-grade history book as a starter. First of all, abortion wasn't even legal when Planned Parenthood was founded in 1919. Originally, it was founded to encourage birth control by Margaret Sanger, and W.E.B. Dubois, one of the great civil rights leaders, was an adviser to Sanger. So, you know, it is fine to have ideological differences, but it is really sad that people are saying things that are a misreading of American history. It is, frankly, pretty unpatriotic that you don't take the time to read American history and are creating false impressions. And this

is why I think, you know, I am such a believer in civic education, historic education, and it is sad to me my colleagues wouldn't just open up an 8th-grade history book first to get some basic facts.

With that, let me turn to Dr. Skop. Dr. Skop, do you believe that homosexual behavior should be criminalized?

Voice. Where did that come from?

Dr. SKOP. No, of course not.

Mr. KHANNA. OK. And do you believe that same-sex marriage is OK, I mean, legal, or are you against same-sex marriage?

Dr. SKOP. You know, at this point, I think our country has decided that decision, and I really have no opinion to weigh in.

Mr. KHANNA. You wouldn't be opposed to it, though. It wouldn't be something you strongly oppose.

Dr. SKOP. Well, I think that what you are talking about is activity between——

Mr. KHANNA. That is just a simple “yes” or “no,” Dr. Skop. I am not trying to trick you. I mean, are you neutral toward it, against it, for it?

Dr. SKOP. To same——

Mr. KHANNA. Legally. Do you think people should have the legal right to same-sex marriage?

Dr. SKOP. Well, I think they do, so I——

Mr. KHANNA. And you are fine with that. You think that is fine.

Dr. SKOP. That is a decision our country has made and——

Mr. KHANNA. OK. Well, I guess my question is, do you support the Texas Right to Life Group?

Dr. SKOP. I am not sure. Are you asking me if I financially support or if I just support——

Mr. KHANNA. Well, just are you sympathetic to what they——

Dr. SKOP. Well, there are different——

Mr. KHANNA. It is a “yes” or “no,” Dr. Skop. Are you sympathetic? I mean, I assume that——

Dr. SKOP. Well, there are differences of opinions within the pro-life community just as I am sure there are within the pro-choice community. I think they did a heroic thing, and, again, I am proud that Texas is the first state that has been able to——

Mr. KHANNA. OK. So here is my question to you.

Dr. SKOP [continuing]. Enforce a restriction.

Mr. KHANNA. And I hope you will condemn this. So Texas former Texas Solicitor General Jonathan Mitchell, who has filed an amicus brief on behalf of this group, Texas Right to Life, in the Dobbs case, the group that you described as heroic. The brief argues that “homosexual behavior and same-sex marriage are ‘Court-invented rights.’ These rights, like the right to abortion through Roe, are judicial concoctions, and there is no source of law that can be invoked to salvage their existence.” The amicus brief is asking the Court to overturn *Lawrence v. Texas* and *Obergefell*, meaning, basically, they want to criminalize homosexual behavior again, and they want to take away same-sex marriage. Can you today unequivocally denounce that amicus brief and say how embarrassed you are, given your beliefs, that they would put something like that to the Supreme Court?

Dr. SKOP. I really have no opinion on that statement. I don't think it relates to the issue of abortion.

Mr. KHANNA. Well, of course it does. They are putting an amicus brief in the name of Texas Right to Life, and part of their argument for overturning *Roe v. Wade* is linked to issues of LGBTQI equality. Does that concern you that that groups, in the name of defending S.B. 8, are trying to overturn *Obergefell* and *Lawrence*?

Dr. SKOP. I have no opinion on that. I wonder, could I clarify what Congresswoman Foxx said that you mentioned about Margaret Sanger?

Mr. KHANNA. You can do that on someone else's time.

Dr. SKOP. OK.

Mr. KHANNA. But what I really want to know, if you don't find any embarrassment in the fact that you have briefs written in part of the pro-life movement that are basically advocating for the criminalization of homosexuality, are you even aware that these briefs are being written seeking that in the Court, in the case law?

Dr. SKOP. I don't see how that pertains. I would imagine there are briefs written in support of *Roe* that may contain facts that you might find potentially controversial, so I——

Mr. KHANNA. Well, these are facts. This is central to the——

Mr. COMER. Madam Chair, his time has expired. Perhaps Representative Khanna——

Chairwoman MALONEY. The gentleman's time has expired.

Mr. Comer——could suggest having a hearing on homosexuality after your hearings on white supremacy and——

Chairwoman MALONEY. Does the gentleman yield back? His time has expired.

Mr. COMER [continuing]. Whatever else you are going to do——

Mr. RASKIN. Order. Order.

Mr. COMER [continuing]. That has nothing to do with oversight.

Ms. WASSERMAN SCHULTZ. Madam Chair? Madam Chair? I have a point of parliamentary inquiry.

Chairwoman MALONEY. The gentlelady is recognized.

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair. Madam Chair, with respect to the gentleman from Louisiana, my understanding of the way we run this committee is that it is the chair that decides when an individual's time has expired, and the gentleman should have his have his mic muted and is out of order when chiming in to tell you when someone's time has expired.

Chairwoman MALONEY. Yes, you are right.

Ms. WASSERMAN SCHULTZ. Isn't that correct?

Chairwoman MALONEY. You are correct.

Ms. WASSERMAN SCHULTZ. So I would ask the gentleman——

Mr. HIGGINS. The gentleman from Louisiana didn't speak.

Ms. WASSERMAN SCHULTZ. Excuse me. Excuse me. The floor is mine at the moment. Forgive me if I made reference to the wrong person, but whoever has been calling out is out of order, Madam Chair, and it is you that controls the time and tells members when their time has expired.

Chairwoman MALONEY. Well, we are all trying to stick to the five-minute rule.

Ms. WASSERMAN SCHULTZ. OK. I would just ask that members refrain, or you make sure members refrain from telling you when that is, and that we follow procedure so that you can manage the time. Thank you.

Chairwoman MALONEY. Thank you. The gentlewoman from South Carolina, Ms. Mace, is now recognized for five minutes.

Ms. MACE. Thank you, Madam Chair. First of all, I just want to thank everyone who testified today, our witnesses with your medical background. I know many of us are very passionate about many different issues, but there were many women today that testified before us about their own struggles with rape, their own struggles with sexual assault, and the lifelong pain and trauma that it brings to us both physically, emotionally, and mentally, but the stories this morning that we heard are remarkable and they are painful. I told my rape story 2 or 3 years ago as a state lawmaker when South Carolina was doing its own fetal heartbeat bill, and today, I believe we are still one of the only states in the country that has a fetal heartbeat bill, with exceptions for women who have been raped and for victims of incest because I told that story. And so I am pro-life and regardless of the circumstances.

When you are raped, it is traumatic, and we have a right to make that decision for ourselves, but at some point, these cells become a human and become a child inside a woman's womb. And so the other thing that I think about this morning, it pains me to hear these stories because too often too many women have those same stories, and it is offensive as I sit here as a woman, as a victim of rape, and hear some of my colleagues question one of our physicians here today about what she would do if her daughter was raped. I can't even tell you the unimaginable anger and pain that I have as a woman when someone wants to make that kind of hypothetical example. This isn't something to toy with. We should not be having this hearing for political PR purposes for the next, you know, fundraising scheme on social media. This is a serious issue, and it affects women who are Republican and Democrat alike.

This is not a joke, and there are kids out there that are victims of incest. There are women out there who are dealing with this for a lifetime. And I don't hear any of my colleagues—I don't care if you are a Republican or Democrat—sit there and have a hypothetical question to women who are here today, asking them what you would do if your child was raped. I find it offensive and disgusting.

The second thing I want to say this morning is that gay marriage has nothing to do with abortion or their right to life in this country, and it has already been decided by the Supreme Court. We are all adults in the room, and I hope that all of us support the rights. If you want to be happily or be miserably married like anybody else, you have the right to do that.

Third and finally, I sit here today, and Lieutenant Colonel Scheller is sitting in a brig. He is the only person that has been put away without a charge or a sentence or a conviction on Afghanistan for exercising a right to speak out and potentially be a whistleblower and expressing his frustrations as a soldier. I saw yesterday and Tuesday this week in the Senate and House hearings the blame game going on in Afghanistan. We have billions of dollars that we just left of equipment to the Taliban who are selling it to Iran and God knows who else. We have a Cabinet that is saying one thing and a President that is saying another. I then, as I am sitting here, seeing an email come across my desk that says report-

edly the Department of Homeland Security Secretary Mayorkas is wondering if we can, you know, accommodate between 350-and 400,000 illegal immigrants at the border, if we can account for those illegal apprehensions, if we get away or do away with Title 42. Meanwhile, our Border Patrol agents are being threatened to be fired if they don't get a vaccination.

And so I ask this question, what the hell is going on here today? We don't have oversight over state abortion rights. This is not the purpose of this committee, and I yield back. Thank you.

Chairwoman MALONEY. The gentlelady yields back. The gentlewoman from New York, Ms. Ocasio-Cortez, is recognized for five minutes.

Ms. OCASIO-CORTEZ. Thank you so much, Madam Chair. You know, I need to correct and address an assertion that was made not too long ago, this idea, this myth that, first of all, that this law, S.B. 8, provides ample time for a victim of abuse to seek abortion care because, once again, we are in a room of legislators who are attempting to legislate reproductive systems that they know nothing about. Six weeks pregnant, and it is shameful that this education even needs to happen because this conversation shouldn't even be held in a legislative body. Six weeks pregnant is two weeks late for one's period. When you are raped, you don't always know what happened to you, and I speak about this as a survivor. You are in so much shock.

And by the way people, who commit abuse, and victims and survivors of sexual assault are overwhelmingly assaulted by someone they know. And this myth that it is some person lurking on a street or in a parking lot waiting to sexually assault you, that myth only benefits the abusers in power that want you to think that that is how it happens. It is your friend. It is a boyfriend. It is a boss. It is a legislator. You are in so much shock at what happened to you, sometimes it takes years to realize what actually went on.

So this idea that victims know in the two weeks that they might be late for their period? I am a buck-15. I am 115 pounds. You look at me funny, I am two weeks late for my period, and you are supposed to expect me to know that I am pregnant? Or the stress of a sexual assault, that makes you two weeks late for your period, whether you are pregnant or not. Unbelievable. Unbelievable that the Republican side will call a witness, so irresponsible and hurtful to survivors across this country, honestly. You deserve your constituents an apology.

Now, Professor Ross, yes or no. Is it a common tactic for an abuser to sabotage their partner's birth control? Are you on?

Chairwoman MALONEY. Turn on your mic.

Ms. ROSS. Yes. They keep silencing my mic. I am not. Yes, I hear it all the time. I have heard it from women, particularly when they are in the control or power of their abuser.

Ms. OCASIO-CORTEZ. Now—

Ms. ROSS. They do it all the time, and we have seen people who are forced to continue pregnancies, and we have seen people who are forced and coerced into having an abortion. And that is why it has to be the woman's choice and not people with power over her.

Ms. OCASIO-CORTEZ. Thank you, Professor. And so as you said, it is a very common tactic for an abuser to sabotage a partner's

birth control, a victim's birth control. Now, in your advocacy experience, would you say that abusers often do this to intentionally try to get their partners pregnant without sometimes their knowledge?

Ms. ROSS. Yes, that has happened. Now, in my case, I don't think my abuser, my rapist, married cousin, wanted me to be pregnant because he ran as soon as he found out that my father knew. But I do hear women's stories all the time——

Ms. OCASIO-CORTEZ. And——

Ms. ROSS [continuing]. And there are so many circumstances. You can't come up with one story that fits all those different circumstances.

Ms. OCASIO-CORTEZ. Thank you, Professor. And we, you know, can see, that abusers will sabotage their partners' birth control in an effort to exert power and control over them. Dr. Moayedi, when we see that the tactics of abusers on a personal level, the attempt to control and sabotage a victim's reproductive care and control over themselves, then becomes mass adopted by overwhelmingly, frankly, cisgender male state legislatures, do you see a connection between these abuse dynamics in person and how they inform a culture in which they could be affirmed, or in which these laws could potentially help or assist abusers in this dynamic?

Dr. MOAYEDI. Yes. So unfortunately, our country is actually founded on reproductive control and coercion of enslaved Africans and of indigenous people. So this is actually a historical tactic in our country and a method of upholding white supremacy. So that has not changed and continues today.

Ms. OCASIO-CORTEZ. Thank you very much, Doctor. My time has expired. I yield.

Chairwoman MALONEY. Thank you. The gentleman from Georgia, Mr. Clyde, is recognized for five minutes. Mr. Clyde.

Mr. CLYDE. Thank you. Thank you, Madam Chair. You know, it is quite evident that this hearing is strategically placed to distract from the massive \$4.3 trillion spending bill that the Democrats want to hide from the American people, a bill that will further bankrupt our country, saddle us with trillions more in debt, and create Federal programs that fundamentally change America into a big-government, socialist Nation. That is because the Democrats passed their bill, H.R. 3755, that pertains to today's topic last week. We hold hearings to gather expert input on bills before they pass, not after they are passed unless it is for messaging purposes only, and that is exactly what we are doing.

But we are here attending a hearing called "Examining the Urgent Need to Expand Abortion Rights and Access." Let's be clear. Abortion is neither healthcare nor is it a constitutional right. Life is the constitutional right. An abortion procedure ends a life. It ends the heartbeat of a precious child in the womb, and such violence is never acceptable or protected under our Constitution. Dr. Skop, if you want an opportunity to respond to that personal attack, I will give you one for a moment.

Dr. SKOP. Thank you for that opportunity, but I am not offended. There is so much pain on both sides of this issue, and if we all come away with one point from this hearing, it is that we are not going to legislate, we are not going to find a solution that is going to make everybody happy. Our country needs to improve its behav-

ior. We need to stop allowing rapists to run amok. We need to provide effective contraception, which, by the way, there is long-acting reversible contraception that is extraordinarily effective and has been proven, and I am sure you would agree with me, in large-scale studies to prevent abortion by keeping women from getting pregnant.

We need to prioritize relationships. Most women who seek abortion, if they tell the father of the baby about their pregnancy—I have seen this time and time again—what they are secretly hoping for is that he will say is, “You know what? I love you. I will marry you. The circumstances may not be good, we may not have much money, but we are going to make it work.” That is what women want, and what they are getting instead is, here is \$600 and Planned Parenthood is down the street. All of this has to change.

Mr. CLYDE. Wow. Wow. Wow. Thank you. Thank you for being here today. You know, you mentioned in your testimony that you have delivered over 5,000 babies in the past 29 years. Surely you have seen technology come a long way since your beginning days as an OB/GYN. Could you describe briefly the impact this technology has had on improving the viability of unborn children for those born prematurely?

Dr. SKOP. It is amazing. I believe one of the witnesses earlier today was discussing her child that she could hold in her hand, but they are perfect. They are perfectly formed. They feel pain. Many times, many times at 22 weeks, half of these babies can survive, and many of them have an intact survival, but that is not to say that it is not a lot of pain involved in that. I mean, how horrible to have a child and you don’t know if they are going to live or die, or maybe they have a life full of struggle. So it is amazing that we can do what we can do, but at the same time, maybe we can start looking into some of the things that cause these young babies to be born. And in many cases, it is cervical damage because abortion is so common.

Mr. CLYDE. Thank you. In previous questions, you expounded on the many risks associated with abortions, particularly with at-home chemical abortions. With the recent push to eliminate risk evaluation and mitigation strategy protocols, do you believe women in rural areas are at a higher risk for serious complications?

Dr. SKOP. Well, certainly. The complications don’t occur when the woman is given the pill in the clinic. The reason for the in-person requirements is to make sure that they desire the abortion, that they have been counseled appropriately, that they are at low risk to have a complication from the abortion. So if think they are eight weeks and they are really 12 weeks, there is a far higher failure rate. That is the reason for the in-person requirements. But the tail end of the abortion is that many women bleed for a week or two, pass a lot of clots, have a lot of pain. Eight percent bleed for more than a month. The tail end is that the complications occur long after she has left the abortion facility, which may be five hours from her home. And when she is in a rural area and does not have access to emergency care conveniently, those are the women that are going to suffer.

If that woman really understood, I think most of them would opt for a surgical abortion in the clinic so that it is done, and they don’t

have to worry that they are going to be one of the 5 to 8 percent that are going to require a surgery often in emergent conditions, overrunning the ER in the time that we are concerned about the COVID pandemic. Using the pandemic as an excuse to tell women to go self-manage their abortions remote from the clinic in rural areas, it just shows me that the women——

Chairwoman MALONEY. The gentlewoman's time has expired. You may tie it up. Thank you.

Dr. SKOP. Anyway, I just don't think it is good care for women. It is not showing that we value those women to put them in that dangerous situation.

Mr. CLYDE. Thank you.

Chairwoman MALONEY. The gentleman's time has expired.

Mr. CLYDE. I yield back.

Chairwoman MALONEY. The gentlelady from Michigan, Ms. Tlaib, is recognized for five minutes.

Ms. TLAIB. Thank you so much, Chairwoman Maloney, for your courageous stance and also using the House Oversight Committee to take a deeper dive into the impact of what happened in Texas, there, as well as across the country.

You know, I grew up in the most beautiful, blackest city in the country where 85 percent of the city of Detroit is black, and it is beautiful, and black mothers are the ones who told my mother to raise her voice when she had that heavy immigrant accent at parent meetings. And, you know, I am sitting here listening to people pretending, disingenuously and dishonestly, that they actually care about the lives of my black neighbors. I always get emotional about this because I cannot believe that my colleagues, who didn't vote for the George Floyd Justice for Policing Act, are talking about the fact that Planned Parenthood, which I believe is literally one of the only healthcare places and institutions in cities like mine, the fact that we have some of the worst infant mortality rates in the country among black children. We can't even get them to one year old.

It is like, why aren't we spending the same energy, Doctor, in saving those lives, getting them to one year? How come when I was in the Michigan legislature they spent so much time on this, that they never wanted to talk about that single mother that we needed to make sure that she had the wraparound services, that she could actually provide for her family because she made a choice? But we abandon those mothers, every corner. We vilify and dehumanize. I have watched them force mothers to do drug testing before they could even get any assistance. When? When are we going to actually call this out for what it is? No, this is about controlling women in our country, period. Stop pretending that it is anything but.

You know, what is so distressful about all of this is the fact that it is not just Texas, Chairwoman. You know this. This is literally opening the floodgates to the possibility that we are actually going to see our country punish and criminalize abortion, criminalize women making a very difficult decision. I want to know, you know, Dr. Skop, like, honestly, what are you doing about infant mortality rate among black children? Have you testified in a committee about it?

Dr. SKOP. Thank you for your question. I am very interested in the topic. I have applied to be a member of the Texas Maternal

Morbidity and Mortality Committee three times. I have not been accepted. I suspect it may be because of my stance on life.

Ms. TLAIB. Mm-hmm.

Dr. SKOP. But I am terribly concerned by the lack of support that so many of those women have.

Ms. TLAIB. Yes. Well, the same people that voted for the bill that you are championing today are people that would actually leave them completely homeless and with no safeguards at all. I want you to believe me when say that to you because black lives matter should be very much at the forefront in every policy that we ever do in this country. It can't just be you carrying a sign or being on a commission. It is actually standing up and saying what we see, because I want to tell you something. You know, over 40 percent of the deaths of COVID in my state are my black neighbors, even though they make up less than 14 percent of the total population of Michigan, because of environmental racism, because they don't have access to healthcare. And you are all punishing Planned Parenthood, which is literally sometimes the only option that they have because people are investing and saying this is how we can get access to healthcare. And I am really just incredibly frustrated of the gaslighting, the misleading, and trying to say you are speaking on behalf of my black neighbors. You are not. You are not.

And so I am going to leave with Ms. Ross. I saw your face and the pain in your face, and I just have to tell you, you know, as you were listening to them, I could see you had a lot to say. And I am going to leave you with the last minute to tell me how you felt when you heard them talk about, oh, this is killing black folks. Tell them what is really killing black folks in this country. Go ahead and tell them the truth.

Ms. ROSS. Well, I am tired of white saviors saying that black women aren't smart enough to make our own decisions about our lives. That is what I am tired of. That is the ultimate in racism to accuse us of being less smart, less human, and less caring about our children than you do when your actions speak louder than your mealy words because you vote against children having lunches, getting good schools, getting rid of guns so that they can survive. You vote against everything about our children once they are here, and yet you want to say that you are a better savior of black children than we are? Get over yourself. This white saviorism does not convince us that you have our interest at heart.

Ms. TLAIB. I hope you heard her because, you know, a mentor of mine told me when I got here, some people are never going to hear or see you the same way I do, Rashida. But I saw you, Ms. Ross, and you felt what she is saying because it is the truth. You want to save lives? Start investing in tearing down structural racism in our country.

Chairwoman MALONEY. The gentlelady yields back.

Mr. COMER. Madam Chair, point of order. Point of order.

Chairwoman MALONEY. The gentlelady yields back.

Mr. COMER. Point of order.

Chairwoman MALONEY. The gentleman from Texas, the gentleman from Kansas, Mr. LaTurner—

Mr. COMER. Madam Chair, point of order.

Chairwoman MALONEY.—is recognized for five minutes.

Mr. COMER. Point of order. Point of order from the ranking member. Point of order.

Chairwoman MALONEY. OK. The gentleman is recognized.

Mr. COMER. Madam Chair—

Chairwoman MALONEY. What is your point of order?

Mr. COMER. I have never seen a hearing where a witness has been badgered and treated the way that our witness has been treated today, and I would like to encourage your members to treat this witness with respect. I can't believe I am having to say this in Congress. We are very frustrated at 99 percent of your witnesses over this Congress, but we treat them with respect. So all I ask is that the Democrats treat our witness with respect. She is answering the questions. She is doing a tremendous job handling herself well, and I don't think she deserves to be treated the way that she has been treated by your side. I yield back.

Chairwoman MALONEY. Well, I know that members have very strong feelings about this issue, but I would encourage members to treat everyone in this hearing, members and witnesses, with respect. And with that, can we continue with our hearing?

I now call upon Mr. LaTurner from Kansas. You are now recognized, Mr. LaTurner.

Mr. LATURNER. Madam Chairwoman. This committee has many opportunities for much-needed and long-overdue oversight, including the growing security crisis on our southern border, the deadly disaster that was our humiliating troop withdrawal from Afghanistan, the true origin of COVID, or the growing economic threat of runaway inflation for every American family. However, we are taking time today to instead focus on the legislation the House passed last Friday, the abortion on demand until birth act.

This past January marked the 40th anniversary of the Supreme Court's infamous Roe ruling, which struck down any laws protecting unborn children from abortion in every State of the Union. Since that horrible decision, an estimated 60 million unborn American lives have been cut short by the abortion industry. It is estimated that as many as 2,000 unborn American lives are tragically ended every day. Fortunately, notwithstanding efforts like H.R. 3755, that number is on the decline in America, thanks in no small part to science—science, which proves at six weeks, an unborn child has a heartbeat of about 98 beats per minute; science, which proves at 10 weeks an unborn child has arms, legs, fingers, and toes, and is capable of feeling pain; science, which proves at 15 weeks, an unborn child has a fully developed heart, pumping 26 quarts of blood per day.

As more and more Americans have seen this evidence, states have enacted over 1,250 laws since Roe, and about 500 in the past decade alone, to protect the life of the unborn child and the pregnant mother. Today, two-thirds of Americans believe states should make laws regarding the abortion industry and that abortion should be illegal in the second trimester. Four out of five Americans believe abortion should be illegal in the third trimester. Congress must stand with these Americans to reject the abortion politics of the left and continue to find a way to work together to protect the unborn.

Dr. Skop, I appreciate you being here, and I would echo the comments of the ranking member that you have been treated terribly today. The work that you have done is incredibly impressive, compassionate, and I want to ask you a couple of questions. But first, earlier you tried to speak on Margaret Sanger, and Planned Parenthood, and some things like this, and I just wanted, if you would like it, to give you an opportunity to talk about that if you want.

Dr. SKOP. Sure. Thank you, Congressman. It is a little more complicated than what Congresswoman Foxx stated. Margaret Sanger, there is quite a lot of documentation that she was a eugenicist. Eugenics was very popular in our country at that time, and she has made many statements talking about the types of people that she did not want to be born. Recently, the Manhattan Planned Parenthood took her name off of their building as they acknowledged that she had made statements that were not in line with what we believe today.

Alan Guttmacher was the second head of Planned Parenthood about the time that abortion became legal. That is when it made its foray into abortion provision, and I think everyone is aware they provide more than half of the abortions in our country today. So she was not in favor of abortion. Abortion was illegal and dangerous at the time that she did her work, but she was in favor of keeping certain ethnic groups and financial groups from having children.

Mr. LATURNER. I think one of the things, you know, when we look at these laws, I was in the Kansas state legislature and worked on banning sex selection abortions, for example. And these laws that we see across the country I am so supportive of, and we have to continue to fight on this front. I also think the pro-life movement needs to do a better job of showing compassion for the mothers that find themselves in this terrible circumstance. I think you are one of the people doing that great work. Could you talk specifically about the work your pregnancy centers do to support pregnant women and their loved ones?

Dr. SKOP. Thank you so much for that question. Yes, my passion for this is, as I said earlier, that women never have to address this horrible decision, no matter how they choose. You could see from our witnesses earlier today, even though they feel like the decision they made allowed them to succeed in life, it is still painful. It is still painful. And I have to say, Dr. Ross, your story of bearing the child of a rape, that hurts my heart that you went through that. We do need to acknowledge that children do not have to be a barrier to success in life as women. Gloria Steinem, I appreciate the groundwork that, as a feminist, that she laid so that we women are extraordinarily successful. I have three children. I love them all dearly. I worked until the day I gave birth for all three of those children. It did not stop me from succeeding in my chosen profession.

We must, I think, as a country get past the partisanship that says we either have to have it available for everybody in every circumstance or we have to totally limit it entirely. We are all concerned about human trafficking. Letting medical abortion pills be readily available over the internet by mail order, how does that help trafficked women? Interactions with the medical system are

one of the ways that they can be identified and helped, but these pregnant women, many trafficked women, probably most trafficked women have abortions, have unintended pregnancies and abortions. And if we are just allowing their traffickers to have these pills to end their pregnancies so that they never see the healthcare system, that is wrong.

As I said, in the work that do, I want to provide women——

Chairwoman MALONEY. Can you just sum up?

Dr. SKOP. OK. Sorry.

Chairwoman MALONEY. The time has expired. Mm-hmm.

Dr. SKOP. Effective contraception so that they don't get pregnant, healthy relationships so that if they do get pregnant, it is a couple together who can raise a child, sex education so that children understand the importance of abstinence and which contraception works well and which does not. Those are——

Chairwoman MALONEY. Thank you.

Mr. LATURNER. Thank you, Madam Chair. I yield back.

Chairwoman MALONEY. The gentleman from Illinois is recognized. Mr. Davis, you are recognized for five minutes.

Mr. DAVIS. Thank you, Madam Chairman, and I want to thank you for calling this very important hearing. I also want to thank all of the witnesses for their compelling testimonies, and especially I want to thank my sister colleagues for their revelations and sharing their experiences. Ms. Aziz, I want to start by thanking you for sharing your story with the committee and with the world. I know that I speak for many of my colleagues and the public in saying that we are better for having your voice here today. With your permission, I would like to ask you about some of the experiences you shared in your testimony, including some you identified as being traumatic. Is that OK with you?

Ms. AZIZ. Absolutely.

Mr. DAVIS. Thank you. In your powerful written testimony, you noted that the unlicensed clinicians who were pressuring you to continue carrying your unwanted pregnancy, misinformed you about your ability to pursue a medication abortion. Is that true?

Ms. AZIZ. Yes.

Mr. DAVIS. Let me ask you. How did you feel when you were told that you could not receive a medication abortion treatment?

Ms. AZIZ. Thank you for your question. I want to start by saying I do not regret either of my abortions. I do regret my experience at the crisis pregnancy center. The most traumatic part of my experience was one of those centers and how I was treated there, and I hope that they all shut down because they exist to manipulate and prey on vulnerable pregnant people. And I just wanted to acknowledge a lot of people are being left out of this conversation today because, as we know, people get pregnant and not just women. But I hear people over and over and over again say women get pregnant, but that is excluding people that should be a part of this conversation.

As for the crisis pregnancy center, I let them know that I am a survivor of sexual assault, and I developed a medical condition as a result of it called vaginismus, which makes any sort of penetration very difficult, so naturally, I had anxiety about a transvaginal ultrasound. There were these two ladies trying to imitate doctors

wearing lab coats, clearly not medical professionals, and I told them and the sonographer, you know, you are not a licensed sonographer, but someone wearing scrubs. I told them I was scared, and the response was, "Honey, you are pregnant now. You should learn to deal with pain."

As someone who has worked in the role of an advocate for sexual assault survivors and as a survivor, that is disgusting, and I don't know why crisis pregnancy centers are allowed to exist and prey on people. I just think they should all shut down and none of them should exist because they do not help pregnant people. They prey on pregnant people.

Mr. DAVIS. You mentioned in your written testimony that you actually had a relative who assisted you when you were in need. And that made me remember the times when I have driven young would-be mothers to the emergency room of hospitals after they had attempted an abortion with a coat hanger. Had not your family been able to help you financially, what do you think your experiences would have been like?

Ms. AZIZ. I just want to say S.B. 8 does worry me about people using unsafe alternatives, but I do want to assure everybody, as someone who has had two medication abortions, that it is very, very safe, and it is nothing like people here have described. You know, I was very angry that I had to travel all the way to Colorado Springs and spend \$2,000 that I didn't even have, that a relative paid for me to have access to my abortion. But all I really did was go to another state, navigate all of these numerous barriers for a provider to give me a pill that I could have taken at home in Texas, and that is what I should have been able to do.

Medication abortions are safe. They are very safe, and they are a great way to have an abortion if that is what somebody chooses. It is the pregnant person's choice. If I was to get pregnant again and I did not want to carry the pregnancy to term, my choice would be a third medication abortion.

Mr. DAVIS. Let me thank you for sharing your experiences with us. Madam Chairman, let me thank you again. This has indeed been a very informative hearing, and I couldn't thank you more for holding it. And I yield back.

Chairwoman MALONEY. Thank you. The gentleman yields back.

The gentleman from Wisconsin, Mr. Grothman, is recognized for five minutes.

Mr. GROTHMAN. Sure. I guess this can be either of you, though, I guess, primarily Dr. Skop. If this bill would ever become law, I kind of think how is this going to affect America. And, of course, I was in the state legislature for a long period of time, and we had a variety of bills. While we would have liked to ban abortion, we had a variety of bills to hopefully change the way people looked at it. And one of those bills was the 24-hour period bill that I had in Wisconsin that, I think, was kind of the model for the country.

And in researching it, you know, we talked about all the women who were being pushed into having an abortion. And also, after the bill passed, it came out in court that, I cannot remember whether it was either one-seventh or one-tenth who showed up the first day didn't show up the second day, which would indicate that without the bill, the abortion providers, like too many people in the medical

profession, but these guys in particular, they just wanted to get the abortion done and get their cash and not have to worry that someone might not come back for the second appointment. Could you comment on why anybody would want to put somebody through an abortion 45 minutes, an hour after they walked in the door without letting them go home and collect their thoughts, and see what they really felt?

Dr. SKOP. I don't know the mindset of what would encourage that, but I think if all of us believe in choice, this is a type of a decision that, admittedly, some women can make this decision and move on, but I have seen many women who have made the decision and have regretted it intensely. So this is the type of decision that should allow time for reflection. So I would think that anybody who cares about choice would be interested in making sure that a woman has all the information at her disposal. She knows how far along she is. She knows what the complications that might result from the procedure could be. She understands the development of her child, and then she has time to reflect. As you said, many women do not come back after the waiting period, and I think that those are the women who have reflected and said, you know what? This is not the choice I want to make. Carrying my baby is the choice I want to make.

So if we are not motivated by a thought that every abortion is a good abortion, which I think all of us intuitively realize that is not the case. I mean, you know, perhaps population control motivations, perhaps eugenic motivations may consider that every abortion is a good abortion. But those of us who are thinking individuals who understand the complexity of people's lives must recognize that there are some people who may move on from an abortion without much effect, and there are others who are going to be dramatically changed. And we need to make sure that both of those people have the information that they need in order to make the right choice.

Mr. GROTHMAN. Also it is an opportunity for some of these children's lives to be saved. And if you talk to anybody who has been adopted or people who have adopted children, you realize that, you know, when these women don't come back after 24 hours, a really fortunate thing has happened. I will make one final comment before I let you go. I have in my political life run into several pro-Planned Parenthood people, and they do focus, I am aware, you know, that they really do like to highlight the black population.

But we will give you one more question. At present, case law holds that states may prohibit abortion after viability as long as there are exceptions for life and health, especially with major advances in medicine and technology. Do you believe it is much clearer that we have a human life today than, say, 30 years ago?

Dr. SKOP. Absolutely. The ultrasound technology, fetoscopy, intrauterine surgery on these 18-week babies. But you know what? Even shortly after the time of Roe, Dr. Bernard Nathanson was one of the founding members of NARAL, and he was instrumental in the Roe decision. He was an abortionist, and as he saw more ultrasound technology and recognized the humanity of the fetus, he wrote a letter in the New England Journal of Medicine where he

said I am increasingly convinced that I have presided over 60,000 deaths. He became pro-life because of the ultrasound technology.

Chairwoman MALONEY. OK. The gentlelady's time has expired. The gentleman's time has expired.

The gentlelady from Florida, Ms. Wasserman Schultz, is recognized for five minutes.

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair. Madam Chair, our twins, who were conceived through in vitro fertilization 22 years ago, after they were born, we were told that the only way we could conceive a child was through IVF. Four years later, I missed a period, but learned I was pregnant with our very much wanted daughter at eight weeks, and that is because millions of women have irregular menstrual cycles, and often times, by the time you realize you have missed your period, you are past the six-week limitation in the Texas law. This is common. So, Dr. Skop, your testimony that suggests that most women have plenty of time within that six-week limitation is divorced from reality, from biology, and science, and you know it.

Now, moving on to the extremism in the Texas law. We heard the pain and confusion and challenges that Ms. Ross and her son have gone through as a result of being forced to share custody with her attacker. I just can't even imagine. But members should be aware that 34 states require a conviction of rape to terminate the parental rights of the attacker. Forcing women to give birth from a pregnancy conceived from rape is forcing women to repeatedly be re-victimized by their rapist, and that is outrageous and unacceptable.

Now, soon after the Supreme Court allowed Texas' six-week abortion ban to take effect, anti-choice lawmakers in several states announced similar legislative abortion bans, including my own state of Florida. These grotesque Texas and Florida bills, in particular, pose some of the greatest threats to abortion access in U.S. history. One of the most alarming aspects of these draconian and blatantly unconstitutional bills is that they allow private citizens from anywhere to become bounty hunters to enforce the six-week abortion ban. This is the snitch society and Big Brother vigilantism of Maduro's Venezuela and Castro's Cuba that my constituents have fled. Anyone, from local anti-abortion protesters to out-of-state lobbying groups, can sue any individual helping patients access abortion, and that could include a clinic receptionist or even someone who drives a patient to an appointment, including family members, friends, or even Uber or Lyft drivers.

Ms. Murray, as a legal expert, can you tell us what this means for people accessing abortion in Texas, and what would it mean for individuals in Florida if that copycat bill was signed into law? And in your answer, can you provide a little more detail about the nefarious nature of this bounty system in enforcement strategy? Do you believe the goal was really to have private citizens actually file lawsuits or just create an intimidation culture of fear that will prevent women from receiving abortion care?

Ms. MURRAY. Thank you for the question. I am delighted to answer it and to set the record straight on S.B. 8, Texas' flagrantly unconstitutional six-week ban on abortion. The law was purposely crafted to avoid judicial review. Typically, when abortion bans are

put into law, they are immediately enjoined because they violate the Constitution, and Federal courts will stop them from going into effect while their constitutionality is being litigated. In order to avoid that, Jonathan Mitchell, who is the architect of S.B. 8 and also the author of the bill previously referenced that cites *Lawrence v. Texas* and *Obergefell v. Hodges* as the next precedents to be overruled after *Roe*, he crafted this law for the purpose of taking the state out of the enforcement mechanism and delegating enforcement to private individuals.

The purpose of this is twofold: one, to dismantle any system of support that a pregnant person might rely upon in seeking abortion care, and two, to ensure that a Federal Court cannot come and stop this law from going into effect. That produces the procedural irregularities that the Supreme Court cited in allowing this ban to go into effect, and it is the reason why today there are millions of people of reproductive age in Texas who are without the same constitutional rights that the rest of us enjoy.

Ms. WASSERMAN SCHULTZ. Thank you. Professor Ross, I want to turn to you. I am concerned that anti-abortion extremists will use social media companies, like Twitter and Facebook, to coordinate the harassment and bounty hunting of women seeking abortion. Due to systemic racial and economic barriers, we know that black women will likely suffer the brunt of this harm. And while some companies have stepped in to prevent this kind of egregious behavior, others have failed to act, which is a clear violation of their community guidelines. Do technology companies also have an obligation to stop abortion bounty hunting on their platform to ensure community safety?

Ms. ROSS. Well, I think technology companies need to be regulated simply because they have been acting like a utility and they have our privacy information. They don't seem to have a moral center about how their platforms get used to challenge democracy, and they don't seem to care because they monetize hatred and outrage and laugh all the way to the bank, while those of us who are vulnerable can be targeted. So yes, I think that is a real discussion we need to have, and I do want to raise one point, and that is talk about how many people think that black women are threatened by Planned Parenthood.

I have never worked for Planned Parenthood. I am not an employee, but I am going to speak up on behalf of black women who are constantly told that we are not smart enough to determine for our lives the decisions we need to make. And I really think these white saviors need to stop acting like racists, because if you don't want to be called racists, stop mouthing those racist talking points against black women because we see you for what you are doing, not for the mealy words you are saying. You don't care about our lives, you don't care about our children, and we don't care to have you denigrating Planned Parenthood which does work to save our lives because you think we don't see through your hypocrisy.

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair. I yield back the balance of my time.

Chairwoman MALONEY. The gentleman from South Carolina, Mr. Norman, is now recognized for five minutes.

Mr. NORMAN. Thank you, Madam Chairman. As I think Congressman Comer had mentioned at the offset, this is a sad day. With the atrocities that are happening all over this country from Afghanistan where people are getting slaughtered, to the border where you talk about women's rights, women's freedoms. Women are getting raped. Children are getting raped. Drugs are coming across the border. And we are talking here today, spending time, the taxpayers' dollars on talking about a state issue right now that, really, with the ongoing tragedies happening all over the world that are self-inflicted by Pennsylvania Avenue, it is amazing that we are doing this.

But anyway, you know, as I have listened, I have heard the words to describe the killing of a child and let me just read them: "a woman's legal right to choose," "a woman's right," "women's choice," "fertilized egg." Folks, this is the taking of a life, and I know our family has experienced it with a daughter having a child after 25 weeks. I think Representative Jayapal had mentioned her child was as big as her hand. Our grandchild was as big as a hand. They went through the decisions that it could affect the life of the mother, could affect the long-term health of the child. She chose to have the child and the child is up and running. We just celebrated his second birthday.

So, you know, I guess as we talk about this, I would just ask, Dr. Skop, the people that you have, I guess, counseled after they have had an abortion, in my case, the people that I have talked to, anybody that has had an abortion that I have talked with has had a tear behind their description of what they went through. What is your experience?

Dr. SKOP. Well, I would say it is mixed. Some women will not talk to me about it, and, you know, we hear that 1 out of 4 American women have had abortions. But when I do new patient evaluations, it is not nearly 1 out of 4 that will report that on their history. So, you know, there was some discussion earlier today about shame and stigma, and it is true that women experience shame from their abortions, but it is not because of Republican lawmakers. It is because they know that they have ended the life of their child.

When counseling a woman, if they do give me the history of an abortion, I do try to look into that a little bit. How do you feel? Many times just asking very gentle questions 20 years later, tears will come to their eyes. So they still feel regret and sadness in many cases. Perhaps if they have had multiple surgical abortions, I will do proactive monitoring, measuring cervical length, you know, make sure that if they are beginning to have an incompetent cervix, that we can treat that and we can be proactive.

It wasn't really brought up in this hearing, but I do want to make the point, many times we hear about abortion for the life of the mother, and as an OB/GYN caring for many women, I have never had to refer a patient for an abortion to save her life. In the rare event that a fetus does pose a risk to his mother's life, I can deliver that baby by C-section or induced labor. Many times he can be saved. If he can't, his mother can hold him and love him—

Mr. GROTHMAN. Right.

Dr. SKOP [continuing]. Until he passes away. We can deal with these hard cases in a very humane way.

Mr. GROTHMAN. I agree. Ms. Aziz, you are familiar with if somebody is accused of a double homicide, killing a mother while she is pregnant. Are you in favor of redoing those laws? I mean, if you are in favor of abortion, if the killing of a child and a mother is double homicide, would you change the laws in the state?

Ms. AZIZ. I am in favor of everyone having equitable and fair access to healthcare, which I believe abortion is.

Mr. GROTHMAN. No, I am talking about double homicides. Should that be changed?

Ms. AZIZ. Again, I believe that abortion is healthcare, and I just don't see it the way that you do and others.

Mr. GROTHMAN. What is your definition of homicide?

Ms. AZIZ. I said I don't see abortion as homicide. I see abortion as healthcare, so, and for me, there can be no limits on healthcare. There can't be circumstances, restrictions. Healthcare should always be free, equitable, and everybody should have access regardless.

Mr. GROTHMAN. Yes, but you are not answering my question. If you could take the life of a child, if you shoot a mother and a child in the womb, why is that a crime, and do you think that crime ought to be changed so that it is not double homicide.

Ms. AZIZ. I think what is really important is to focus on—

Mr. GROTHMAN. Thank you, ma'am. I appreciate it. Thank you. You are not answering my question.

Chairwoman MALONEY. OK. The gentleman from Vermont, Mr. Welch, is recognized for five minutes.

Mr. WELCH. Thank you, Madam Chair, and I want to thank all of the witnesses. I also especially want to thank my congressional colleagues who spoke this morning and told of their deeply personal situations. I applaud them for coming forward. I am appalled by the Texas decision as a fundamental infringement on the rights of women. I am appalled by the aspect of that law that turns citizens into vigilante bounty hunters. It is chaos for our country. It totally erodes personal respect and the rule of law.

In Vermont, I am very proud of our legislature and our Governor who have passed into law a bill, H. 57, which recognizes choice and reproductive care as a fundamental right, and it prohibits the state and local government from restricting abortion. It upholds the rights of women. It is now going to be considered by the people of Vermont as a constitutional amendment, and I am totally in support of, of course, of Representative Chu's law that I am a co-sponsor of.

One of the challenges we have in Vermont, it is a very rural state, and there are many, many parts of Texas that are extraordinarily rural. But it is very difficult with abortion restrictions for women in rural areas to get access to anything that is it all convenient. And my question, I will start with Dr. Moayed—people living in rural communities where providers can be few and far between, women already face challenges to get abortion care. In your experience, how do abortion bans and the severe restrictions, particularly what we are seeing in Texas, affect patients seeking abortion care in rural communities?

Dr. MOAYEDI. Abortion restrictions are devastating to the rural communities that I serve. In Dallas, on any day, providing abortion care, of course, prior to this law being enacted, I might see several patients that have driven 3, 4, 500 miles to get to Dallas for care. That is completely unethical and unconscionable that someone has to drive that far to get pregnancy care.

Mr. WELCH. Ms. Aziz, I want to thank you for your work. How does the Texas Equal Access Fund support rural patients in need of abortion care? There are real practical challenges that have to be met, and I would like you to explain how you manage to help folks in your area.

Ms. AZIZ. Thank you for your question. As Dr. Moayed said, rural folks face additional challenges when it comes to accessing abortion. You know, there aren't that many abortion clinics left in the state of Texas, and people have to travel really, really far. Before S.B. 8, people had to travel really, really far, so now, as I said, it is practically a logistical nightmare. Even if someone were to know that they were pregnant by six weeks, by the time they might be able to come up with the money or by the time they would be able to find a clinic and make an appointment, they could be well over that limit. So what we really need to focus on is how people are not able to access care, people in rural communities especially.

Mr. WELCH. Right.

Ms. AZIZ. But people are not able to access care that they deserve because of S.B. 8.

Mr. WELCH. You know, and sometimes it gets abstract here because the very real financial pressures on a young person that is in need of an abortion, even with a job, the gas money, the childcare money, and taking time off from work, which they may or not be able to do. Can you just comment a little bit on those really practical, real-world challenges that a young woman would face?

Ms. AZIZ. Absolutely, and I can actually talk about my own personal experience. When I had my first abortion, I was that young woman, you know, who was in college, who was new to a country, a new immigrant, new to the legal system. I didn't know much about the U.S., and where I come from, abortion is not treated the way it is here in the U.S., so the culture shock added to all of that. I had to travel, as I said, to Colorado Springs because of the misinformation provided to me by the crisis pregnancy center. And I wish I didn't have to because, clearly, I didn't have the money, and if I didn't have a relative who stepped in, then I wouldn't be sitting before you today at all. I wouldn't have my daughter that I love with my whole heart today. I wouldn't be married to my husband, you know.

And for a flight alone, you know, a last-minute flight when you are trying to scramble and you are trying to make sure that you can get your procedure when you need it, a last-minute flight was nearly \$400. A lot of people may disagree, but as someone who has had that experience, a support person in a new state is also very important. So for that support person to also buy a flight, you are looking at \$800 alone in flights. My procedure was about \$680, but my blood type is also negative, so I needed a RhoGAM shot to pro-

tect a future pregnancy. That was over \$120. I was extremely sick and forced to travel, take a flight, go to another state.

I needed pain medication, but I also needed nausea medication because I would throw up about 13, 14 times a day. I was extremely dehydrated. I couldn't keep my head straight, but I was being forced to travel from Texas all the way to Colorado Springs for healthcare. It was ridiculous. Not to mention, you know, I love my family and I love my friends who came through for me, but there are other costs such as food. And I worked a \$10-an-hour job at the time, so I missed work, but I was only able to make it work because of my family member who paid for everything. Otherwise, you are also talking about the loss of wages for those two weeks that I missed work. I quoted it around nearly \$2,000 for me.

Mr. WELCH. Well, thank you.

Ms. AZIZ. So if you just imagine, that is not a cost that is on my—

Mr. WELCH. My time is up, but that is very graphic, very real. Chairwoman MALONEY. Great. Thank you.

Mr. WELCH. Thank you. I yield back.

Chairwoman MALONEY. The gentleman yields back.

The gentleman from Arizona, Mr. Biggs, is recognized for five minutes. Mr. Biggs.

Mr. BIGGS. Thank you, Madam Chair. And, Madam Chairwoman, I am deeply opposed to the premise of this hearing, and I am sincerely disappointed that you have chosen to use the committee's time and resources on this topic of expanding abortion access rather than conducting legitimate oversight of President Biden's Administration and its disastrous policies. Disastrous policies. We are discussing the Democrats' assertion that we must expand access to a procedure that has killed an estimated 62 million babies since *Roe v. Wade* was decided. Just last week, the House passed legislation that, if enacted, would codify *Roe v. Wade* and would make every state in the country a late-term abortion state. And last week, the Democrats voted not to preserve the life of a baby born alive after an abortion. So I am really disturbed by the premise of this hearing.

Dr. Skop, I am going to go read some statements with regard to certain findings in an article that I will submit to the record later, Madam Chair. This is from a journal called *Journal of Medical Ethics* by Dr. Stuart Derbyshire and John Bachman, who wrote, "Current neuroscientific evidence supports the possibility of fetal pain before the consensus cutoff of 24 weeks." In fact, they go on to conclude that a baby in utero may feel pain as early as 12 weeks. Your comments, please.

Dr. SKOP. You know, that article is very interesting because Dr. Derbyshire is well known as an expert in the field. And, in fact, ACOG, the American College of Obstetricians and Gynecologists, in their statement saying that fetal pain does not occur until the third trimester, quoted Dr. Derbyshire. The other paper that they quoted was Susan Lee, and that was a very biased paper written by an abortion provider. Nonetheless, Dr. Derbyshire is a pro-choice man, but he also is willing to follow the science where it goes, and he has become convinced with his research that there is compelling evidence that pain exists as early as 12 weeks. His previous state-

ments, he went and said, you know what, I was wrong. So I wish we could all do that, that we could all re-examine our biases and look at the current evidence and decide that perhaps in some ways we have been wrong.

Mr. BIGGS. Thank you. And from another piece, I am going to quote from it: "Today, during a fetal surgery, a specialist in fetal anesthesia is invariably present to administer a general anesthetic to the baby as well as a paralytic agent and an opioid." Is that accurate?

Dr. SKOP. That is accurate. That is the standard of care for fetal surgery.

Mr. BIGGS. And why would you provide fetal anesthesia and a paralytic agent, and maybe even an opioid, to a fetus receiving surgery?

Dr. SKOP. Because in that case, the fetus is the patient. He is desired. The cognitive dissonance that applies to abortion does not apply to him, and so he is treated with care and respect.

Mr. BIGGS. I was struck by your earlier testimony that your training was that when you are treating someone who is pregnant, you are treating two patients. Expand on that, please.

Dr. SKOP. Well, I entered the field of OB/GYN because the moment that a new baby is born is the most fabulous thing. If you haven't seen it, you just have to be there to just recognize the miracle of life. I love women as well as the fetuses, so I don't want you to think, and I think the allegation has been made that somehow I have taken the fetuses' side. I just think that women suffer from having this choice so readily available, socially, physically, mentally in many cases.

You know, I wanted to say something related to the accessibility which kind of relates to what you just said. You know, I am a provider in San Antonio, and we have many rural women who live around us. We are about two, two-and-a-half hours from the border, so I have patients who come to see me early in pregnancy once a month, later every two weeks, the final month of pregnancy weekly, from those border cities driving two-and-a-half hours each way so that I can care for their babies. So people are concerned that people might have to make two trips to abort their baby, but people who desire a baby many times make that trip multiple times, which speaks to maybe we should be expanding access to hospitals and prenatal care in rural areas instead of just prioritizing abortion.

Mr. BIGGS. Madam Chair, my time has expired. I would like to, without objection, submit a couple of articles to the record, and I will submit them.

Chairwoman MALONEY. Without objection.

Mr. BIGGS. Thank you, Madam Chair.

Chairwoman MALONEY. The gentlelady from California, Ms. Jackie Speier, is recognized for five minutes.

Ms. SPEIER. Thank you, Madam Chair, and thank you all for your participation here. Dr. Moayed, can you tell me what the American College of Obstetricians and Gynecologists says about abortion?

Dr. MOAYEDI. Yes. I mean, I can't tell you exactly what the overall statement is, but that all physicians, all OB/GYNs should offer

non-biased, evidence-based care, and that abortion is part of the full spectrum of reproductive healthcare.

Ms. SPEIER. And in the testimony that has been offered today, have you heard non-biased statements being made about the procedure by your colleague?

Dr. MOAYEDI. No, I have not.

Ms. SPEIER. Can you elucidate on that, please?

Dr. MOAYEDI. Sure. I have heard several racist statements and several statements made by white people about what black people should or shouldn't do with their pregnancies. That is incredibly disturbing to hear white people discussing what racism is or is not. I have also heard several pieces of misinformation around what medication abortion does or does not. These are not chemicals. I think I heard very strange terminology used. These are two medications. The first medication is called mifepristone. This medication blocks the hormone progesterone. It is not some magic toxin. It is a simple hormone blocker, and it prevents the pregnancy from continuing to grow. This medication can also be used to induce birth later in pregnancy, so it is safe to take throughout pregnancy. The second medications are called misoprostol. These medications both of us used to induce labor. We use it to prepare a cervix prior to gynecologic surgery, and it is also used in abortion care. So these two medications are incredibly safe.

Ms. SPEIER. So according to a 2018 report by the National Academies of Sciences, Engineering, and Medicine, abortion is safer than childbirth, colonoscopies, dental procedures, plastic surgery, and tonsillectomies. And yet, facilities that provide abortion care are more likely to be subjected to medically unnecessary, politically motivated regulations that only make it more difficult to provide abortion services. Have you encountered such targeted regulations of abortion providers where you practice, and if so, how has it affected you?

Dr. MOAYEDI. I experience trap laws, targeted regulations every single day that I provide abortion care, from where I have to go to provide abortion care instead of being able to provide it in my private practice—I have to go provide at a specially licensed clinic in our state—from the ways that I have to counsel patients. The state requires that I lie to patients about risks associated with the medications or with the abortion. Really top to bottom, everything about the care that we provide is regulated by the state.

We also have fake clinics all across our state that lie to people, that perform ultrasounds without medical supervision. I have taken care of people that have been told that their pregnancy is six weeks when they are actually 18 weeks. They have been told their pregnancy is 18 weeks when they are actually six weeks. And the intention is to lie to them, deceive them, and coerce them out of their abortion decisions.

Ms. SPEIER. Is it uncommon in your practice that a woman comes to you not even knowing she is pregnant and she is 16 weeks?

Dr. MOAYEDI. There are people that present not knowing how many weeks they are. That is not very common. The overwhelming scientific evidence shows that people are pretty good at knowing how pregnant they are, although it might take them a little while to find out. Of course, you have to miss your period first—

Ms. SPEIER. Or maybe more than once, right?

Dr. MOAYEDI. Right. Exactly.

Ms. SPEIER. I mean, because I think that what we forget, and certainly our male colleagues wouldn't have any experience with it, but often times you will miss your period because of some stress-related occasion, and so you just kind of file it away.

Dr. MOAYEDI. Right.

Ms. SPEIER. And then you are another month. And sometimes it is not until the third month without your period that you think, well, maybe I am pregnant.

Dr. MOAYEDI. Yes.

Ms. SPEIER. Does that happen? Has that happened—

Dr. MOAYEDI. It does, yes. And, you know, the other thing I want to make clear is that abortion is not just for people that forgot to take contraception or their contraception failed. So it is false to say that if we just got everyone an IUD, we wouldn't have abortion anymore. People also choose abortion with very highly desired pregnancies because many things in their lives change, and so it is false to say that this is just a contraception issue.

Ms. SPEIER. I thank you. One last question. How much does it cost? Insurance can't cover abortion in Texas. Is that correct?

Dr. MOAYEDI. That is true.

Ms. SPEIER. How much does it cost to get an abortion in Texas?

Dr. MOAYEDI. So abortion care is actually incredibly cheap.

Ms. SPEIER. Maybe you could provide the answer for the record.

Dr. MOAYEDI. Yes. OK.

Ms. SPEIER. I yield back.

Chairwoman MALONEY. Ms. Herrell is now recognized, from New Mexico, for five minutes.

Ms. HERRELL. Thank you, Madam Chair and witnesses. I know it has been a very long day, and while I understand this is such an important topic for us, I do truly wish we were having hearings on the threats to our food supply, the crisis at our border, the Afghan evacuee vetting crisis, and even the Administration's withdrawal from Afghanistan, but we are not. This is what we are doing today, and my questions are for Dr. Moayed. And I know we don't have a lot of time, so I will go through these questions.

But I come from a state, the state of New Mexico, where obviously late-term abortion is still alive and well. I don't support that, but what I do want to ask you is some specific questions about the procedure as a whole. And is it true that abortion procedures change based on the gestational age and size of the unborn child?

Dr. MOAYEDI. So if I could finish answering my question from before—

Ms. HERRELL. No. Thank you. Please answer my question.

Dr. MOAYEDI. And your question again?

Ms. HERRELL. Is it true that abortion procedures change based on the gestational age and size of the unborn child?

Dr. MOAYEDI. So abortion procedures are individualized to the person, where they are at in the pregnancy, their unique medical circumstances, and the setting in which we are providing the care.

Ms. HERRELL. So what surgical abortion procedures are typically used in early pregnancy?

Dr. MOAYEDI. So as far as procedural abortion, typically early pregnancy, what is offered is either with medications—the procedure is called a dilation, a dilation and curettage—or an aspiration abortion.

Ms. HERRELL. Thank you. And why is this procedure not used later in pregnancy?

Dr. MOAYEDI. This procedure is also used later in pregnancy. We just also use other instruments to help us remove the pregnancy.

Ms. HERRELL. OK. I thought it was because the tissues grow firmer, so it is a more difficult abortion process, and I might be wrong there.

Dr. MOAYEDI. So that is exactly what I just explained that I use the same technique, but I add additional instruments.

Ms. HERRELL. Great. And what abortion procedures are typically used after 15 weeks gestation?

Dr. MOAYEDI. The same abortion procedure I just described. We use a combination of gently dilating the cervix using medications and dilators, and then removing the pregnancy using suction and instruments.

Ms. HERRELL. So these are more along the line of the dismemberment abortion.

Dr. MOAYEDI. That is not a medical term.

Ms. HERRELL. But it is used.

Dr. MOAYEDI. That is not a medical term.

Ms. HERRELL. The procedure.

Dr. MOAYEDI. The procedure is called a dilation and evacuation.

Ms. HERRELL. So equal to dismemberment.

Dr. MOAYEDI. That is not a medical term.

Ms. HERRELL. Well, I just want to make sure that the public can understand exactly what we are talking about because we are talking about dismembering a baby with a heartbeat.

Dr. MOAYEDI. I am not here to lie to the public.

Ms. HERRELL. Well, I am not here either, not to lie to the public, but I do want to speak truth to the public, and so let's call it what it is. I am going to say "dismemberment." You don't have to respond to that, but we all know that is exactly what it is, and people need to understand what we are talking about when we are dismembering arms and legs of a beating heart baby from a mother. So thank you for those answers.

I would now like to move over to the Republican witness. I am just going to ask your opinion. I believe we have a moral crisis on our hands in the country. I think if we stop teaching children in elementary school how to put condoms on bananas, how to stop thinking that having sex with no consequences, making personal choices that would not relate to having to make a tough decision like this is part of our problem. Help me understand what you think of the education, in terms of sexual education, and the morality of what we are doing to our youth. What is your thought on that?

Dr. SKOP. I think that there is a concern that, for whatever reason, we are attempting to normalize sexual behavior in young children. I mean, history has shown us that people do have sex. Before Roe, obviously there were many women who painfully gave their babies up for adoption, which was a very sad thing, and women

who did seek illegal abortions, but we are we are promoting activity that will be followed through. I mean, the more you intrigue children by talking about sexuality, the more of that behavior you will get. I don't think there is any surprise there. The more sexual intercourse that occurs, even if there are contraceptives available, the more unintended pregnancies you will see. So I agree, we are sexualizing children. I am not sure why that is being promoted, but the consequence is that we are having more young children pregnant, and I agree it is a problem.

Ms. HERRELL. Thank you, and I wish we would all step up to the plate and have our moral compasses reexamined and help our children make sound decisions. And thank you, Madam Chair. I yield back.

Chairwoman MALONEY. The gentlelady yields back.

The gentlelady from California, Ms. Porter, is now recognized for five minutes.

Ms. PORTER. Thank you very much, Madam Chair. Dr. Skop, do you believe all black lives matter?

Dr. SKOP. Of course I do.

Ms. PORTER. You have written that widespread abortion in the black population has become an "acceptable" form of racism in the United States today. You wrote this quote, "Clearly abortion has disproportionately affected the black community, leading to a decrease in their population numbers, as well as many adverse consequences to women and children. Many of the pathologies"—your word—"affecting the black community can be at least partially attributed to the breakdown in families and the absence of paternal involvement facilitated by abortion. Mental health complications in black women, leading to deaths of despair, can be caused by abortion." Could you explain to me what your expertise and familiarity is with black families?

Dr. SKOP. Well, I have a niece and a nephew that are both black.

Ms. PORTER. Wonderful. Thank you very much, Dr. Skop. Turning now to Professor Murray. How would you respond to this argument?

Ms. MURRAY. Thank you so much for the question. The purported links between abortion and the eugenics movement is a subject of my own scholarship. I recently published a paper in the Harvard Law Review outlining the ways in which this narrative of abortion as eugenics is being used to advance race-based grounds for overruling *Roe v. Wade*. The increased interest in this narrative can be traced to Justice Clarence Thomas' 2019 concurrence in *Box v. Planned Parenthood of Indiana and Kentucky*. There, Justice Thomas attempted to graft abortion to the history of the eugenics movement in the United States. Unfortunately, the history upon which he relied to do so was woefully incomplete.

Justice Thomas was correct to note that in the 1920's and 1930's, the United States was in the grips of eugenics fervor and its concomitant interest in racial purity and white supremacy. However, in advancing those interests in racial purity, the eugenicists did not rely on abortion. Rather, their efforts were channeled into bans on interracial marriage, immigration laws that kept certain ethnic minorities out of this country, and, most importantly, for our purposes, forcible and coercive sterilization of those with so-called

weak or deleterious genes. These sterilization laws were later repurposed and redirected in the 1960's toward poor women who were receiving public assistance.

So this is all to say that sterilization, rather than abortion, was the eugenicists' preferred means of reproductive control. And to the extent that abortion figured into this eugenic fervor at all, it was in the effort to compel native-born white women to reproduce in greater numbers. In the period following the Civil War, there was considerable anxiety about the changing demographic character of this country. White middle-class women were using contraception and abortion to limit their families to manageable sizes while immigrant women were having babies in record numbers. Fearing the replacement of native-born whites by immigrants, policymakers sought to reverse the trend among white women by enacting criminal bans on abortion throughout this country.

And then finally, I will just note that some of the members of this committee are among the 14 House Republicans who voted against making Juneteenth a Federal holiday. When you fail to take even this modest step to acknowledge the black experience in this country, it is very difficult to take seriously your claims that your support of flagrantly unconstitutional abortion restrictions is animated by concern for black women and our children.

Ms. PORTER. Thank you very much. I yield back.

Mr. WELCH.

[Presiding.] The gentleman from Texas, Mr. Fallon, is recognized for five minutes.

[No response.]

Mr. WELCH. I think you may be muted.

Mr. FALLON. Mr. Chair, can you hear me?

Mr. WELCH. We can now. Thank you.

Mr. FALLON. Oh, OK. Thank you so much. This committee is the Committee on Oversight and Reform, and I don't understand why we are now feeling compelled to oversee state governments and completely abdicate our responsibility with the Federal Government. And we have already considered H.R. 3755, so the old saying about putting the cart before the horse, hell, the horse is already in the barn. I don't see why we are having a hearing after the fact, and there are so many other things that we should be talking about. But I really have to take issue with my colleague with the questioning. I thought it was incredibly bush league to ask a witness of question and cut the witness off after about four seconds. I wouldn't like it if a Republican member did that. So, Dr. Skop, I would like to give you a chance to actually answer that question that you were asked a minute ago.

Dr. SKOP. Yes. I believe it was related to what I had written about my concerns about abortion in the black community, and, again, this is not my lived experience. I am not in any way trying to say that I understand the circumstances, but I do know, as I stated earlier, that 67 percent of black children are born to unmarried mothers. We all know that poverty is much, much higher for an unmarried mother, and it is not unique to black men. There are many men across the country who allow a woman the option of abortion, and if they choose to have the child, they let them be the single mother to raise the child. It is just the breakdown of the

family, and I think we could probably chase this subject around all day, like, what has happened that families don't stay together. But hopefully, we can all acknowledge that for the sake of the children, having two parents in the home to help each other out and to model wise behavior for the children, and, in many cases, to bring in an income sufficient to keep the family out of poverty, are all things that I would think we would all aspire to.

So the article that was quoted was just my attempt to explore some of these issues and how they might be linked to abortion. Like I mentioned earlier, I am terribly concerned that black women have a maternal mortality three times that of white women. I think there are a number of factors we could look at, including, again, poverty, genetic factors, lack of support. I mean, it is a very nuanced conversation, and I wish that people in the halls of power that had the ability to change things were able to look into some of these nuances and give some consideration to whether the policies that their particular party promotes are always in the best interest of women, children, families, men. But it is a big, big discussion clearly.

Mr. FALLON. Absolutely. Have you ever come across any kind of studies that could shed light on what the African-American population of this country would be if there wasn't abortion in this country?

Dr. SKOP. Well, I have seen a figure that probably 18 to 20 million black babies have been aborted. Now, clearly, many of those, had they gone to term, you know, I don't think we can say necessarily that would be the increase in the population, but I think that clearly we would have a much larger population if these children were being born.

Mr. FALLON. Sure. Sure. You know, listen, in a perfect world, I would think and hope that everyone could agree that there wouldn't be abortion. I mean, I know that is hyperbolic, but that would be the way I would want to go. And furthermore, just in the last few seconds that I have, I just simply wish that this committee would do more of what it is supposed to do. We have a crisis on the border, and we have the origins of COVID. Did it come out of a lab in China? All evidence points to it other than a smoking gun that is only the preponderance of the evidence, but beyond a shadow of a doubt that it probably did. This is exactly what this committee should be doing and looking at the border. And by the way, if COVID is a threat, why do we let 1.5 million people that we don't know into the country and they are not mandatory—

Mr. WELCH. The gentleman's time—

Mr. FALLON. Thank you, sir. I yield back.

Mr. WELCH. Thank you, Mr. Fallon.

The chair recognizes the gentleman from Georgia, Mr. Johnson, for five minutes.

Mr. JOHNSON. Thank you, Mr. Chairman. Within regular order, I have been waiting for my opportunity to speak, and I want to thank the chair for holding this very important hearing, which is very timely as well. And I also want to thank each of the 11 witnesses for their testimony today. There is a reason why there were no men testifying today. It is because this topic is about women's freedom. At a time when we have Republicans putting forward the

proposition that individual freedom is at risk because of COVID-19 masks and vaccine mandates, those very same Republicans, talking out of the other side of their mouths, those are the same Republicans, the majority of whom are men, would deny women the freedom to make medical decisions over their own bodies. How duplicitous and hypocritical is that?

My opinion is that abortion is a medical issue, not a political issue, and a woman should have the freedom to choose whether to obtain this medical procedure, subject to certain protections for a viable fetus that has grown from a fertilized egg. I believe that *Roe v. Wade* provides a thoughtful framework, the trimester analysis, to this human rights issue. Pregnancy is a medical issue that is female-centric. In an ideal world it would be only women who get to decide the Nation's policies on this uniquely female medical procedure, or at least women would make up the majority of those who seek to control whether this medical procedure would be available to them. But unfortunately, men have turned the issue of abortion into a political issue, and men make up 73 percent of the deciders here in Congress, and Republican deciders in Congress, who are the main drivers politicizing abortions, are 86 percent male. So much for women's freedom among Republicans.

It is beyond hypocritical for my Republican colleagues, who profess to carry a philosophy of limited government, to support laws that insert the government into the most private of women's healthcare decisions. And that is why I was proud to vote for the Women's Health Protection Act legislation that would codify *Roe v. Wade*. We must act now to protect the freedom women have to make their own healthcare decisions over their own bodies. Ms. Ross, can you explain where abortion restrictions and bans fit in the history of state control of the bodies and reproductive autonomy of black women?

Ms. ROSS. Thank you, Congressman. I live in Georgia, so I am very proud of you.

Mr. JOHNSON. Thank you.

Ms. ROSS. I first have to remark on something that I couldn't believe I heard out of somebody's mouth, and that is that they want 18 million more black people in America when we have got a few hundred thousand at the border that they won't let in. But that is just me that notices the hypocrisy and the ridiculousness of trying to make race-based arguments out of the mouths of people who only enact race-based policies against black people. So I will just let that go.

I think that it is very important for us to understand the intersection of racial justice policies, and gender justice policies, and reproductive justice policies, because you don't understand why these bans on abortion are not about having more black and brown babies born. They want more white babies to be born, because if they can restrict abortion to black and brown women, they would send limousines to take us to the clinic. I know that for a fact. And whether or not you believe me, look at the disparate treatment that our children get once they are born, whether they go through a school-to-prison pipeline, or have a property-tax-funded school system where, by definition, poorer neighborhoods have poorer schools; the way we won't address gun violence or lack of healthcare, envi-

ronmental problems, and lack of clean drinking water. I mean, when you put it all together, you can't separate this fight for abortion rights from the fight for voting rights, for civil rights, for environmental justice.

And one thing that infuriates me is they think that we are too simplistic, as if we are some enslaved people, who can't do an analysis of what they are really saying when they talk out of both sides of their mouths. There should be masks, by the way, because like you say, they won't wear a mask to protect public health, but they want to be in my bedroom and in my body telling me what to do with that most private decision about whether to commit my life to another person's life.

Ms. JOHNSON. It is inconsistent. Professor Murray, is it your opinion—

Mr. WELCH. The gentleman's time has expired.

Mr. JOHNSON. Thank you.

Mr. WELCH. Thank you, Mr. Johnson.

The gentleman from Florida, Mr. Donalds, is recognized for five minutes.

Mr. DONALDS. Thank you, Mr. Chairman. I mean, first and foremost, I do want to establish something. Abortion and the decision any woman has to make with respect to an abortion is probably one of the most emotional decisions that they will ever encounter. I have had an opportunity to talk with and meet with many women who have both gone through that decision and have actually executed it and had the abortion and those who went up to the line and chose not to have the abortion, and it is heart wrenching. It is gut wrenching.

But we have a problem. The Oversight Committee has no jurisdiction over what the state of Texas has done. Zero. This is now the second time in this committee that we have listened to an open hearing amongst this full committee about something that the state of Texas has done through their legislative capacity in their state. You see, the Oversight Committee's jurisdiction, we are the main investigative committee of all of the committees that exist here on Capitol Hill dealing with the executive branch, with the U.S. Government, the Federal Government. So we are talking about what has happened in Texas with respect to their abortion law, or what we did several months ago with the state of Texas with respect to their election law, instead of actually covering, you know, COVID-19 and the American Rescue Plan, which are on the tabs for this committee's website. The committee has not had one full hearing dealing with either of those two issues.

The committee has not addressed the growing concern and some of the growing scientific data that is coming up with respect to natural immunity versus vaccinated immunity. The committee has not heard at any time in the 117th Congress anything dealing with that. The committee has not discussed the fact that there are American citizens who are being compelled to vaccinate or they will lose their job, whether they actually have immunities from COVID-19 or not. The Oversight Committee has not brought that up once. We are not even discussing it. It is not something that the chairwoman is even thinking about bringing.

We have not discussed the American Rescue Plan and the very clear data that exists that the American Rescue Plan has put downward pressure on small business owners to be able to hire people to come back to work in their businesses all across the country. We have definitely not discussed the southern border and the over 1.5 million people who have entered the country illegally this calendar year. We are not talking about the children who are being trafficked by coyotes. We are not talking about the billions of dollars that drug cartels are making allowing people to cross our southern border illegally.

And last but not least, we have not talked about Afghanistan in an open hearing, and I do want to acknowledge what the chairwoman said earlier today. Yes, the committee has had a classified briefing on Afghanistan. That briefing was a joke. There was nothing that was disseminated in that briefing that you couldn't find out on Fox, CNN, or MSNBC. There was nothing in that briefing that, if you go and read other classified reports, that what was in the classified briefing was not as detailed as the classified reports. This committee has not had an open hearing about Afghanistan considering the fact that Afghanistan blew up in front of the face of the American people and the world. And instead of holding Afghanistan hearings in open session where members of this committee, who are the main investigative arm of the U.S. House of Representatives, I have found to be laughable.

We have not discussed, and I hope that the chairwoman would actually hold a hearing on the fact, that Marine Lieutenant Colonel Scheller is currently being held in the brig for expressing his viewpoint on social media that there must be accountability for what happened in Afghanistan. Yet at the same time, the chairman of the Joint Chiefs of Staff, Admiral Milley, is walking around Capitol Hill while, in the meantime, having conversations with Bob Woodward. And the Oversight Committee is not discussing that.

What happens in the life of a woman is very personal. Very personal. But what the state of Texas does, or the state of California does, or the state of New York does is what happens in those state legislatures and what those Governors sign. The purpose of this committee is not to go back and second guess what states are doing with respect to their legislative power because that is actually in direct contravention to the principle of federalism upon which the U.S. Government was actually created and the United States Constitution was signed. The framers of the Constitution would have never signed a Constitution if it allowed this body and any other bodies to go in and second guess legislation that was signed in several states. Never would have happened.

Madam Chair, we have broad authority do so many things. I only laid out a few today, but that is what we should be investigating. We should not be going into the state of Texas, and, frankly, we should not be using the committee's time to create, frankly, political sidetracks over the other issues that are existing in the United States today that the American people want resolution to and they do want people to be held accountable for. And with that, I yield back.

Chairwoman MALONEY. [Presiding.] The gentleman yields back.

The gentleman is aware that we have a subcommittee on this committee that focuses only on COVID-19 and had a hearing yesterday and many others on every aspect that you mentioned. And you may not have thought that the classified briefing should have been classified, but there were many government officials there giving information about what was happening in Afghanistan and the procedures and the process of helping our allies be removed from Afghanistan and the status of the machinery that was left there. Also very important.

And the gentleman may not think that the fate of half the population of America is very important. I think it is very important. We have efforts trying to nationalize a woman's body, to make decisions about how their bodies are going to be used and whether or not they can make decisions about their own healthcare and their own reproductive rights. I find it extremely important. You may not think it is important. I would think that certainly half of America thinks it is important. Certainly every woman is very concerned about her ability to make decisions about her own healthcare.

With that, I now call on the gentleman—

Mr. DONALDS. Will the chairwoman yield?

Chairwoman MALONEY. I am calling on the gentleman from Maryland, Mr. Sarbanes. The time is late, and we have many, many more people who want to ask questions. Mr. Sarbanes, you are now recognized.

Mr. SARBANES. Thank you Madam Chair. I appreciate the opportunity, and I want to echo what you just said about, first of all, the committee's capacity to keep an eye on all of the other issues that you just mentioned, but certainly the appropriateness of our taking up this issue today. And I want to salute the witnesses and thank them for their time. It has been a long day, but the testimony has been powerful. I also want to thank our colleagues who spoke on the first panel for their very moving testimony and their leadership here in Congress on this issue and many, many others.

I also want to thank the abortion care providers in Maryland that I had a chance to work with when was an attorney in private practice. I spent many years representing them and was able to see up close, firsthand, personally, the amount of attention, diligence, professionalism, and compassion that they brought to their jobs and their responsibilities. And that helped shape my perspective and commitment on this issue.

I want to come back and emphasize something we have heard today. It has been sort of alluded to. I want to put a punctuation mark on it. And that is that, in many respects, this is all about power. We know that the wealthy, the white, the privileged, in many instances will find their way around abortion restrictions like the ones we are seeing in Texas. That is just the way the world. And marginalized communities, people of color will bear the brunt of these restrictions typically. That is sadly the story of the struggle of people from the beginning of time until now and probably a good way into the future, but we can do something about that.

And if you connect the dots, you recognize that it is the same communities that suffer from lack of access to healthcare, to environmental justice, to racial justice at the hands of police, to economic opportunity, and now to abortion care, are communities that

lack political power. And it is no accident that in Texas, not only are we seeing these restrictions on abortion care, but we are seeing restrictions in the form of extreme partisan gerrymandering that has been undertaken by Republicans in that state, voter suppression efforts which are designed to diminish the voices of certain communities. So this is all connected, and we have to acknowledge that, be candid about it, and find out ways to fight back against that agenda.

We talk about choice, but there is an asymmetry here because I have heard my colleagues on the other side talk about how a choice was made to take a child to term to have a baby. For my colleagues on the other side, choice is OK as long as the choice is one that they agree you should make, but if you make a different choice, the agenda is to restrict that, limit that, ban that choice. Choice is about agency. It is about a voice. It is about justice. It is about power. It is about mutual respect.

So, Ms. Ross, I would like to come back to you because your comments have been the most direct, I think the most powerful on that topic of power, agency, respect. And I would like you to just comment on that one more time in the context of this idea of a woman's right to choose.

Ms. ROSS. For me, I like the fact that we are now bringing attention to the overlooked power of women to make the choices that make sense for them and their families, because that is what people like to overlook, that we are not just talking about people capable of becoming pregnant as if we are vessels. We are citizens, human beings with full human rights, and there are people who are dedicated to thinking that we become less human, or less citizen, or less capable of thinking clearly when we become pregnant. But every one of these people came from a mother who was able to think and was able to actually, you know, have her rights protected, and if she didn't have her rights protected, they should have been.

So I am fighting for myself, but I am fighting for my family, my children, my grandchild, and everybody else because we are not going to be subhuman citizens just because somebody thinks that they have the right to tell me what I should do in my bedroom and with my family in a way that doesn't have my family's best interests in mind.

Mr. SARBANES. Thank you.

Chairwoman MALONEY. Thank you. The gentleman yields back. Mr. Keller is back. OK. The gentleman from Pennsylvania, Mr. Keller, is recognized for five minutes.

Mr. KELLER. Thank you, Madam Chair. Today's hearing, it is not about healthcare and it is not about protecting women or their children. Today's hearing is about weaponizing a radical pro-abortion agenda against states that seek to protect women and the unborn. When two healthy people enter a doctor's office and only one comes out, that is not healthcare.

When *Roe v. Wade* was decided, the scientific consensus was that a baby had to be 24 weeks old to experience pain. However, we know that this is not true, that babies can feel pain as early as 12 weeks. Unfortunately, this is why the U.S. is only one of the very few countries that allow elective abortion past 20 weeks, after life

begins. Dr. Skop, modern-day science and research have changed our knowledge on the true point of viability. Do you believe the laws surrounding viability should be updated as well?

Dr. SKOP. Absolutely. I think we need to acknowledge the science that we have experienced since Roe and amend our abortion legislation accordingly.

Mr. KELLER. OK. Thank you. And also we have heard in today's hearing that abortions have gotten safer over the years. I can't imagine how that is possible when the baby doesn't come out of the procedure. But when we are talking about the procedure having gotten safer over the years, is that true that it has gotten safer for the mother?

Dr. SKOP. It has gotten safer. Along the way, our surgical skills have improved. Our anesthetic skills have improved, antibiotics. We just have evidence-based medicine that is more advanced than it was back at the time of Roe. But it should be noted that although it is commonly stated 5 to 10,000 women died from septic abortions yearly before Roe, that number is not reflected in any of the medical literature at that time. The American Medical Association and the CDC document 1 or a couple hundred deaths, which is still way too many, but it was not as dangerous even prior to Roe, but that was just used as a talking point in order to get the procedure legalized.

Mr. KELLER. Can you explain if there are any physical risks associated with chemical abortions?

Dr. SKOP. The biggest immediate risk is not passing the tissue completely, having a hemorrhage, requiring a surgery. There was a large study, a Chinese study, I believe, that looked at women who had medical abortions who failed, who needed surgery. And in that small group, they found a 361-percent increased risk of pre-term birth in a subsequent pregnancy. So the worst scenario is to do both, to have a medical abortion that fails and then to have surgery as well. Additionally, rat studies have shown us that, independent of what the rat thinks about the abortion, mifepristone increases the rat behaviors that are reflective of anxiety and depression. Many of the deaths that have occurred after mifepristone have been from an unusual type of sepsis from an organism called *clostridium sordellii*. Both misoprostol and mifepristone impair the immune system of a woman and so put them at higher risk of infections.

Mr. KELLER. Just if I can just ask another question. On top of the serious physical risks associated with medical abortions, we know that the process is long and can be emotionally traumatizing for expecting mothers. Can you speak on the emotional impact this process can have on mothers?

Dr. SKOP. Sure. One thing that is not really discussed is that an eight-week fetus is about the size and shape of a gummy bear. It is clearly human. You can see arms, you can see legs, and you can see a head, and women are passing those in their toilet, and they are seeing their unborn baby. So they are not going to tell anybody that they saw that, but can you imagine the emotional trauma of seeing your own child?

Mr. KELLER. I can't imagine that. I think it is clear now more than ever that every life is precious and worth protecting. I would

just urge my colleagues to stand for life. Thank you, and I yield back.

Chairwoman MALONEY. The gentleman yields back.

The gentlelady from Illinois, Ms. Kelly, is recognized for five minutes.

Ms. KELLY. Thank you Madam Chair, and I want to thank the witnesses for their powerful testimony today. I have been on this hearing from the beginning, and it is just interesting some of the stuff I have heard. One thing is the conversation about how the witness has been treated. I have been on this committee for nine years, and I have seen horrendous treatment of Democratic witnesses. I don't know the person that said that, if the people saying it are very new, but there has been horrendous treatment, and I do agree that witnesses should be treated with respect. Also, when we talk about science and scientific advancement, we use it as it is convenient because if we want to talk about climate change and vaccinations, we don't talk about what the science is saying.

So along with a draconian state law, like S.B. 8 in Texas, harmful Federal restrictions on abortion coverage have left too many individuals without equal access to abortion care. Under current law, nearly 29 million women covered by Federal health insurance plans who are treated by Federal providers lack insurance coverage for abortion services. This includes the almost 14 million low-income women who access healthcare through Medicaid, half of whom are women of color. Professor Ross, how do Federal abortion coverage restrictions disproportionately harm people with less income and communities of color? And thank you for being honest and straightforward and speaking truth to power.

Ms. ROSS. Well, thank you for your question. I was fortunate enough to be in Washington, DC. in 1970 when I needed an abortion as a student at Howard University, and Washington, DC. legalized abortion in 1970, three years before *Roe v. Wade*. So I was able to go to the Washington Hospital Center and have a perfectly safe late-term abortion, by the way, because my mother refused to sign the permission slip for many, many months. But then three years later, *Roe* was passed, and then a few years later the Hyde Amendment passed, which restricts the use of Federal funds for abortion services for people whose healthcare is provided by the Federal Government. And that is women in the military, women who get their services through the Indian Health Services, poor women, and all of those things.

So ever since the Hyde Amendment was enacted, people whose healthcare was provided by the Federal Government have been treated as second-class citizens.

Ms. KELLY. Right.

Ms. ROSS. And they are discriminated against because of how their healthcare is provided, not their medical conditions, but because they are either serving our country in the military, on a reservation where they have to use the IHS, or poor women, or in the Peace Corps and those kinds of things.

Ms. KELLY. Right.

Ms. ROSS. And so it should be a constitutional violation to set up second-class citizenship for people simply through a regulation called the Hyde Amendment. And this is something that we as

black women have been fighting since it was proposed, since it was enacted.

Ms. KELLY. Right.

Ms. ROSS. And the All Above All Campaign is fighting to remove that Hyde Amendment because——

Ms. KELLY. Well——

Ms. ROSS [continuing]. We really, really should not have it legal to set up a class of people as second-class citizens.

Ms. KELLY. Well, that is why I am proud to co-sponsor the EACH Act——

Ms. ROSS. Right.

Ms. KELLY [continuing]. A bill that would reverse the Hyde Amendment and other related Federal abortion coverage restrictions for good. Ms. Aziz, how would the EACH Act impact the communities that Texas Equal Access Fund serves?

Ms. AZIZ. Thank you for your question, but I would like to say I think it is a question better answered by a legal expert that we are fortunate to have on this panel, if that is OK.

Ms. KELLY. Sure. Ms. Murray, you can answer.

Ms. MURRAY. It is my understanding that the Texas law would provide a cause of action against any individual who aids and abets someone in performing an abortion or seeking an abortion, and it is written incredibly broadly. So as I have said in media reports, this could mean that the barista who overhears you speaking about your abortion could take a cause of action and file suit against you. It also means that anyone who provides aid through these abortion funds or even donates to Planned Parenthood anywhere in the country could ostensibly be a defendant in a lawsuit because, again, the law is so broadly written, and that is purposeful to dismantle that network of support for pregnant persons.

Ms. KELLY. Thank you. I wish to submit two documents into the record representing indisputable evidence that abortion is safe, common, and an essential component of healthcare. The first is the amicus brief submitted to the U.S. Supreme Court in the case of Jackson Women's Health Organization *v.* Dobbs by the American College of Obstetricians and Gynecologists on behalf of 25 medical organizations demonstrating the concrete medical consensus of opposition to abortion restrictions. The second is a statement from ACOG with more than 62,000 members. ACOG is the Nation's authoritative body in the development of standards of care for women's health. It is evidence-based clinical guidelines developed by experts in the field. And ACOG states that "safe legal abortion is a necessary component of comprehensive healthcare, and government-imposed obstacles marginalize abortion services from routine clinical care and are harmful to people's health and well-being."

Let me be clear. Any statement to the contrary in today's hearings are not based on science or medical evidence. I yield back.

Chairwoman MALONEY. The gentlelady yields back.

The gentlewoman from Michigan, Mrs. Lawrence, is now recognized for five minutes. Mrs. Lawrence.

Mrs. LAWRENCE. Thank you, Madam Chair, and I just want to start off my short period of time here to put it simply. Anti-abortion policies do not stop abortions. What it does is stop safe and legal abortions where a woman can go and get an abortion safely

in a safe medical procedure. Now, let's be clear. When we talk about abortions, there has always been abortion for a number of reasons, and I would like to preface my comments. God blessed me with two pregnancies. I was married, I had resources, and I was healthy, and I gave birth to two healthy children. But I will never step down from the fact that if I were a victim of rape, incest, or if I had to look my husband in the eye and say, it is the baby or me, that I would have a choice. And the ability for a woman to make a decision about the care or the ability to bring a child in this world is something I do not feel rests with the government.

And it is interesting to me when I hear the debate about the care and the stress level I heard the witness talk about, have you ever examined and looked at the impact of children that are born into a situation where there was no care? We know that the rate of foster children is growing, children born addicted, all of these things that, unfortunately, many people who call themselves anti-choice are not pro-life for those who are living and walking on earth. I have a question, Ms. Ross, I will ask you. How has the ACA helped improve access and health outcomes for women?

Ms. ROSS. When I was working at Sister Song, the National Women of Color Reproductive Justice Collective, we were very much involved in supporting the passage of the Affordable Care Act because it widely expanded healthcare options for the American public. And it immediately had an impact of providing healthcare for many people who otherwise could not afford it. And unfortunately, it took us from the 1930's till now to even do that modest healthcare reform, and we still are not through because we know that every human being has a human right to healthcare, and one of our pathways is going to be to achieve universal healthcare.

And once we do, we will make sure that people who need the healthcare, who may be afraid to access it because they don't have citizenship papers or who are afraid to reveal to their abusers that they need prenatal care, we will cover everybody with an expanded universal healthcare system for which the Affordable Care Act is on the path to that.

I am sorry. That is my airline trying to reach me——

Mrs. LAWRENCE. OK.

Ms. ROSS [continuing]. To schedule my flight because I am here all day. That's all right. But it has been a real benefit and a human right that is too long overdue, but we need more, and we are not going to stop asking for more.

Mrs. LAWRENCE. Thank you, Ms. Ross. I want the record to reflect that approximately 700 women, mostly of color, die each year from childbirth-related cases. However, when we bring forth maternal mortality bills and laws, I don't see my colleagues on the other side of the aisle with the same passion that they have for women who are dying in childbirth. When we talk about programs like SNAP, so once a baby is born, how do we feed them and how do we use the Title X family planning program that would allow women to have access to medical resources to allow them to plan their family so that they can give birth at a time where they are mentally, physically, and economically ready to care for that child? We hear insults on our social network of how we are taking care of people. Well, you know what? If we had more family planning—

not abortions—family planning—we could reduce the amount of money that we spend in the social network.

With that, I yield back, Madam Chair.

Chairwoman MALONEY. The gentlelady yields back, and the vice chair of the committee, Mr. Gomez, Representative Gomez, from California, is recognized for five minutes.

Mr. GOMEZ. Thank you, Madam Chair, and I want to also just add to what my colleague, Mrs. Lawrence, just said. The Republicans, the other side of the aisle, they love to talk about life, but they talk about life in what I call the bookends of a person's life—their birth and their death—but they really don't pay much attention to the life that occurs in between. And every single time that they are given an opportunity to choose life of how somebody is going to live their life, they vote no. When they have an opportunity to expand Medicaid, which 50 percent of all births are paid through Medicaid, they vote no. And what does that do? Well, it has a disproportionate and discriminatory effect on people of color, mostly black women who are four times as likely as a white woman to die at childbirth, than their white counterparts.

But you know what? They are the party of life, but yet when they have an opportunity to choose the life of a black woman, to expand Medicaid and postpartum care, they vote no. So their hypocrisy that they choose life is astounding at best and cynical at worst. If they want to choose life, they should care about how that person is living. They should vote to make the child tax credit that we helped expand and make it refundable, they should vote "yes" because then you are lifting 50 percent of the children out of poverty. We should choose life, not just at the bookends, but in between, and this is what the Republicans have always done. When you are born, after that, you are on your own. You know, pull yourself up by the bootstraps even though you might not even have baby shoes or boots to pull yourself up by, and that is if your mother survived the birth. So I find it always offensive when they talk about that.

So let's go on to S.B. 8, and we know that S.B. 8 is not the only way the Texas state government has sought to undermine abortion access. Long before S.B. 8, Texas and many other states deployed targeted restrictions on providers, or trap laws, to curtail access. Dr. Moayed, how have these trap laws affected your ability to deliver abortion care?

Dr. MOAYEDI. As I have stated previously, these trap laws affect every single aspect of my care. I did want to speak, if it is OK, Representative Gomez, about a conversation that happened earlier relating to black maternal mortality that I can't let go. That conversation between the good doctor and, I believe, Representative Fallon discussed how black maternal mortality is a result of genetic factors and poverty. This is incredibly disturbing to hear from a physician because we know that race is a social construct. It is not genetically coded. And to say that genetic factors lead to increased rates of black maternal mortality is actually a direct extension of the eugenics movement, which the other side seems to be very much against but continues to use their talking points.

Mr. GOMEZ. Thank you. It is interesting. I always talk about the randomness of birth, that God doesn't give one population—He

doesn't make them smarter. He doesn't make them more talented. He doesn't give all the attributes of what it means to have a healthy and successful life to one population versus another.

Dr. MOAYEDI. Yes.

Mr. GOMEZ. That is within the law of nature to be distributed, right? But, for some reason, they believe that that is not the case. And if it is randomized, if people all have talents and abilities, then why do we see the disparities that we actually see?

Dr. MOAYEDI. So, for example, the reason that black maternal mortality rates are so high in our country are directly a result of white supremacist systems in our medical institutions. And so if we worked together, all of us, to dismantle white supremacy, we would actually be seeing better health outcomes for black people, indigenous people, and immigrants like the people from my family.

Mr. GOMEZ. And that is exactly the point, that all these health outcomes that are negative for black women, minorities, indigenous people, are a result of policy decisions that have been made for generation upon generation. And if we actually have different decisions made, we can change the outcomes, not because of somebody's genetics, not because of where they live, but because of how we make different policy decisions to get different results.

With that, my time is up, and I yield back, Madam Chair.

Chairwoman MALONEY. The gentleman yields back, and I now recognize the gentleman from Kentucky, Mr. Comer, who is recognized for five minutes.

Mr. COMER. Thank you, Madam Chair. I would like to begin by asking unanimous consent to submit for the record a few letters. The first letter is from the Students for Life Action expressing—

Chairwoman MALONEY. Without objection.

Mr. COMER [continuing]. Support for life.

Mr. COMER. Second, Madam Chair, I would like to submit to the record all of the letters that we have sent to you requesting hearings on various topics that Republicans on the Oversight Committee feel are of the utmost importance. And last, Madam Chair, I would like to submit to the record all these letters that Republicans on the Oversight Committee have sent to the Biden Administration requesting information, none of which have been responded from the Administration. And, again, that is the role of this committee to provide oversight for the executive branch.

So without objection, Madam Chair, I ask for unanimous consent to submit them to the record.

Chairwoman MALONEY. Without objection.

Mr. COMER. And, Dr. Skop, thank you so much for being here today. Let me apologize for how some on the other side of the aisle, particularly the men on the other side of the aisle, a few of the men have treated you during this hearing. I would like to remind everyone that you are an OB/GYN. You are not an attorney. You are not an expert on amicus briefs or any of the other questioning that they were asking you. I would like to give you my time to respond to anything that you feel hasn't been adequately addressed or any information that you perhaps disagreed with that was stated by anyone else in this hearing. And with that, I will turn it over to you.

Dr. SKOP. There are two statements I want to make. One was this recent discussion that, maybe I misunderstood, but I think were you trying to say that there are not genetic differences amongst different ethnic groups? Because I think the CDC would probably beg to differ because there are quite easy-to-locate evidence that there are some groups that have higher incidence of obesity, some that have higher incidence of diabetes, some that have higher incidence of hypertension. And are you saying you don't think that that is the case? I mean, that is just not very scientific.

Dr. MOAYEDI. Yes, ma'am. Race is not genetically coded in the way that you are saying, and all of those are conditions of white supremacy, not of someone's inferior genetic capacity.

Dr. SKOP. Oh. OK. OK. I mean, I thought we were here to discuss science instead of just preferences.

Dr. MOAYEDI. That is very much built into science.

Mr. COMER. White supremacy comes up a lot in this hearing, yes.

Dr. SKOP. Yes, I would actually——

Mr. COMER. In this committee.

Dr. SKOP. Maybe if you have time to talk afterwards, I would love to hear how that works because I just haven't——

Mr. COMER. It is climate change and everything around here but go ahead.

Dr. SKOP. Now, I think I might have forgotten the other thought I had, but I appreciate it. You guys have given me a lot of opportunity to talk today and thank you for hearing me.

Mr. COMER. Madam Chair, I yield back.

Chairwoman MALONEY. The gentleman yields back. And I just want to really say that everyone has given incredible testimony today, and I need to read something in. There is still someone? No, this hearing has been going on. It is three. We still haven't heard from everyone?

And the gentlady from Massachusetts is a leader on this issue in the Women's Caucus and on this committee. Ms. Pressley, you are now recognized.

Ms. PRESSLEY. Reclaiming my time. Thank you. You know, for our most marginalized communities, the right to abortion guaranteed by *Roe v. Wade* has really only been a right in name only. Abortion bans, including coverage bans like the Hyde Amendment, keep abortion out of reach for millions, particularly low-income, black, indigenous, and communities of color who already face systemic barriers to healthcare. Professor Ross, I will afford you the opportunity to elaborate on the roots and the impacts of white supremacy and how abortion bans like this are rooted in patriarchy, white supremacy, and perpetuate systemic racism. Could you speak to that? Can you briefly explain the ways in which abortion bans and restrictions are rooted in patriarchy, white supremacy, and perpetuate systemic racism?

[No response.]

Ms. PRESSLEY. OK.

Ms. ROSS. Is that——

Ms. PRESSLEY. OK.

Ms. ROSS. I don't know if that is directed toward me, so.

Ms. PRESSLEY. OK. Actually, you know what? Since you started with that, Dr. Moayedi, will you pick up on that?

Dr. MOAYEDI. Sure, and I would love to hear from Professor Ross on that, too. But, I mean, yes, from the founding of this country, reproductive coercion was used as a method of controlling enslaved women and creating more people to be enslaved. Children were separated from Indian families and sent to Indian boarding schools as a method of genocide and control over those families, and that history continues today. We see that history time and time again in how our medical structures are created and how we actually think about race and medicine, how we actually have physicians that think that high blood pressure is because of your race and not because of the stress of racism in our country.

Ms. PRESSLEY. Thank you very much. Ms. Aziz, in your capacity with the Texas Equal Access Fund, you are on the front lines in the fight to ensure abortion access for all. We know that there are some common financial challenges that your clients face as they attempt to access abortion care, including childcare, transportation, housing, people being forced to travel out of state. Can you speak to how the Hyde Amendment pushes those already out of reach further out of reach when it comes to access? Speak to the racist and discriminatory implications of it, please.

Ms. AZIZ. Thank you for your question. So absolutely. I mean, the Hyde Amendment is in place as a tool to discriminate against minorities because people that are wealthy will always have access to abortions. You know, even in their case, I think their access should be easier because I think abortion should be easy to access no matter what, but the wealthy will always be able to access abortion because they can hop on a flight. They can take time off. They can afford to lose wages if it is, you know, for two weeks or so. There are things that people that have more money are able to do. However, for minorities, for people in rural areas, for minors, for trans folks, for any sort of vulnerable community again, you know, I just want to remind people that it is not just women that have abortions. And when we keep saying "women," we are excluding a lot of people from the conversation, so I so just want to bring it back to that.

Ms. PRESSLEY. Thank you, Ms. Aziz. Thank you. And so, again, given these cost-prohibitive barriers here and the impact of things like the Hyde Amendment, which push care further and further out of reach, abortion funds have really been standing in the gap of that, but it is long past time that Congress eliminate the Hyde Amendment. Earlier this year the House made progress in doing just that by passing a historic budget without Hyde, but the Senate absolutely needs to follow suit, and this moment really demands it. Dr. Moayedi, the impact of these abortion bans are not limited to those residing in the states where they are in effect. As a provider who is on the ground, can you share how the ripple effects may be impacting broader abortion access across the Nation?

Dr. MOAYEDI. Yes. Thank you so much for asking that. Just this week I was in Oklahoma City providing care not only for people in Oklahoma, but for people from as far as San Antonio, Texas. That is over eight hours to drive for care. Ordinarily, when I provide care in Oklahoma City, maybe 7 to 10 percent of the people in our

clinic are from Texas, and specifically the North Texas area. This week, over 70 percent of the people I took care of were from Texas. That means also that those clinic spaces and appointments for people in Oklahoma are moving outside of the state as well. I would also like to remind people that prior to S.B. 8, Texas was a place where people would come for abortion care, too, specifically from Louisiana, and so that is pushing that care from Louisiana outside of Texas as well.

Chairwoman MALONEY. The gentlelady's time has expired.

Ms. PRESSLEY. Thank you.

Chairwoman MALONEY. The gentlelady's time has expired. Without objection, Ms. Shrier is authorized to participate in today's hearing, and she is now recognized.

Ms. SHRIER. Thank you, Madam Chair, and thank you to our witnesses. Thank you for allowing me to waive on to the committee today. As a mom, and a pediatrician, and a woman, this issue is very important to me, and I am really glad that we had a couple physicians here today to discuss this critical personal and medical matter. And I wanted to just start with a little level setting, so a quick "yes" or "no," Dr. Moayed. First, thank you for coming today. You are a practicing OB/GYN in Texas.

Dr. MOAYEDI. Yes.

Ms. SHRIER. And a little bit in Oklahoma.

Dr. MOAYEDI. Yes.

Ms. SHRIER. And, Dr. Moayed, when you were getting your medical degree, I presume you and Dr. Skop both took an oath to care for your patients. Is that correct?

Dr. MOAYEDI. That is correct.

Ms. SHRIER. And I have just a question regarding the six-week issue. Dr. Moayed, in a typical OB/GYN practice that has full scope of care, provides prenatal care, how many of those patients who are newly pregnant show up before six weeks?

Dr. MOAYEDI. In a typical OB/GYN practice that is not a clinic providing abortion care, the typical entry into prenatal care is at around 14 weeks.

Ms. SHRIER. Oh, and that makes sense because many women don't know they are pregnant at the six-week mark. Thank you for clarifying that. You know, I would like to talk about my perspective on this, again, as a doctor like you who has taken an oath to protect my patients, and all three of us, again, have taken that oath. Can I just clarify, who is the patient that you take an oath to protect?

Dr. MOAYEDI. Any patient that seeks care from me.

Ms. SHRIER. The woman.

Dr. MOAYEDI. Yes. Yes.

Ms. SHRIER. The person who seeks care from you. I was going to ask Dr. Skop the same thing just to clarify that it is the woman she is taking care of. And ultimately, in my view, abortion exists in many ways to protect women. It is a healthcare decision that a woman makes with her doctor. And, frankly, if women can be trusted to raise children, teach children, doctor children, they can certainly be trusted to make, or we can be trusted to make, our own healthcare decisions and we certainly deserve the autonomy to make those decisions.

Pregnancy and childbirth, let's make no mistake, present really big risks: risks to the woman's health, to her life, to her independence, perhaps to her education, her ability to feed her other children, to keep a job, to make ends meet, and, frankly, even sadly, safety from abuse from a partner or a parent. And as a doctor, I am horrified by this new law in Texas and others like it which essentially ban abortions, but this one also creates a system of modern-day bounty hunters—neighbors, ex-boyfriends, anybody with a grudge—to enforce state law and profit from it to the tune of \$10,000 or more each. And these laws undermine the oath that we take to our patients and that trust, and it criminalizes doctors in the process. And, you know, these are politicians invading the exam room and telling doctors how to do our jobs, and, frankly, encouraging us, making us violate an oath that we have taken.

Finally, I just wanted to mention, let's not kid ourselves. Abortion will continue, but with laws like these, it will not be safe and it will not be legal. And make no mistake. This puts women's lives at risk just like 50 years ago when women would die from this, and it takes away women's freedom to chart the course of their lives, which we all deserve to have. So as the only pro-choice woman doctor in Congress, I just want you to know that I will always stand with women against draconian, non-medically justified barriers to women's access to abortion, and I sure hope that others like you will as well.

Dr. MOAYEDI. Thank you.

Ms. SHRIER. Thank you. I yield back.

Chairwoman MALONEY. The gentlelady yields back. and without objection, Ms. Escobar is authorized to participate in this hearing. Congresswoman Escobar, you are now recognized.

Ms. ESCOBAR. Chairwoman Maloney, thank you so much for the privilege of waiving on to your committee. I am so grateful to be here today. I also want to express my deepest gratitude to our witnesses, especially those who have hung through the entire hearing, a very lengthy hearing with so much to discuss.

Madam Chair, I ask for unanimous consent to enter into the record a number of statements from Texas women, from providers, from nonprofits and organizations, who will be impacted by this draconian law.

Chairwoman MALONEY. Without objection. And thank you for submitting them.

Ms. ESCOBAR. Thank you, Madam Chair. I represent El Paso, Texas, a community on the safe and secure, beautiful U.S.-Mexico border, and I want to say a couple things about the state that I live in and where we live in. In Texas, the very Republicans who have pushed this draconian piece of legislation have the audacity to call themselves pro-life. However, their actions don't connote any respect or reverence for life whatsoever. In Texas, we have an unacceptably high maternal morbidity rate. Absolutely unacceptable. And Republicans who have been in charge of the state legislature have been sitting on their hands as pregnant women continue to die.

Texas children live in generational inequity and poverty because in Texas, the level of education a child gets depends on the zip code that they live in. And we live in a state that not only limits chil-

dren's access to healthcare and their families' access to healthcare, but we live in a state that is trying to eliminate access to healthcare altogether through its lawsuits against the Affordable Care Act. We live in a state with a Governor who prohibits mask mandates in Texas schools in order to protect the lives of Texas children. We live in a state with Republican leadership that was essentially silent as the prior Administration separated children from their parents under some of the most heinous anti-immigrant policies that we have ever seen in our generation. We live in a state where Republicans oppose access to sex education and contraception in order to prevent unwanted pregnancy.

So the problem is not just Texas Republicans. Here in Congress, the same Republicans who support S.B. 8 and this draconian legislation unanimously, and frequently, and repeatedly oppose pro-child, pro-family legislation, such as the child tax credit, access to childcare, access to housing, and a number of other Democratic-led policies that help enrich and save and create healthy families. They oppose these policies. This is not what I would call pro-life. We should not allow them to get away with calling themselves pro-life. Pro-birth maybe in some cases, but certainly not pro-life.

Dr. Moayed, we know that these draconian laws do not end abortion. In fact, we heard earlier, the first panel, we heard from my colleague, Congresswoman Barbara Lee, who talked about what she had to do in order to have access to a choice that she was forced to make, a very personal choice that she had to disclose here in front of all of Congress and in front of the American public. But she also talked about the way women, her peers, were dying because they could not have access to safe, legal abortions. Can you tell me, as Republicans seek to turn back the clock by decades on women and women's access to care, what will it do to women who will take their reproductive healthcare into their own hands?

Dr. MOAYEDI. Thank you for that question. I trained in El Paso for four years, and my child was born there as well. So thankfully today at least, we have safe medications that people can access. Mifepristone, misoprostol can be safely taken and you don't need a physician to take them. And so the concern with laws that criminalize or illegalize abortion today is not so much around the safety because some people will be able to access safe medications, but around what happens to people that do access those medicines. We know already that black and brown bodies are over-criminalized and over-policed in this country, and we know that people that seek those medications when they are illegal or not legally available are going to suffer the consequences through the criminal legal system.

I do want to tell a story, though. About two years ago, three, in our last legislative session in Texas, a bill was introduced that would make providing abortion care a felony and give the physician and the patient, the person seeking an abortion, the death penalty. Now, that bill didn't make it very far, but that very week that it was being discussed, a patient came and saw me and said, Doc, I know that I am going to get the death penalty for this, but I need this abortion.

You know, I provide this care and I am trusted by my neighbors to provide this care to them, and I do it out of a duty to care for

my neighbors. But that really as a mom hit me very hard that people, you know, might be confused about what the law is, but still want to come in for that care no matter the consequences. And I think it is important to understand that abortion and birth, they are not separate. They are part of a continuum, and as long people have had birth, they have had abortions, and we are not going to end them through laws.

Ms. ESCOBAR. Thank you both for your leadership. Madam Chair, I am out of time. I yield back.

Chairwoman MALONEY. Your time has expired. And in closing, I want to thank all of the panelists for their incredible remarks and insights, and I want to commend my colleagues for participating in this important conversation. Votes have been called, so we will be adjourning. But before we adjourn, I want to quickly take care of a one piece of administrative business.

At the request of the ranking member, Ms. Mace will now serve as the ranking member of the Subcommittee on Civil Rights and Civil Liberties.

Without objection, so ordered.

With that and without objection, all members will have five legislative days within which to submit extraneous materials and to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response. I ask our witnesses to please respond as promptly as they are able.

Chairwoman MALONEY. And with that, this important hearing is adjourned.

[Whereupon, at 3:14 p.m., the hearing was adjourned.]

